

## Epidemiology PhD Program Supervisory Committee Appointment Form

Student UFID	Last Name	First Name	Email Address

This form is being submitted for (check one):

NEW Supervisory Committee

CHANGE in Supervisory Committee

Research Topic (2-4 words):

SIGNATURE (or email attachment) of Member's agreement to serve on Supervisory Committee:

**Fill in according to Table in Handbook**

	Type	UFID	Name/Dept (Printed)	Signature
A	Supervisory Committee Chair/Research Mentor			
B	Supervisory Committee Member			
C	Supervisory Committee Member			
D	External Member			
E	Additional Member <i>(Optional)</i>			

\_\_\_\_\_  
Program Director Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Approval

\_\_\_\_\_  
Date

cc:  
Student \_\_\_\_  
Academic Advisor \_\_\_\_  
Supervisory Committee Chair \_\_\_\_

Date entered into GIMS:  
By: