

Supervisory Committee

Student Name: _____

UFID: _____

Qualifying Division: _____

Advisor: _____

(Include advisor in correct division below)

Printed Name

Signature

UFID

_____	_____	_____
_____	_____	_____

Out-of-Division Member

_____	_____	_____
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External

_____	_____	_____
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Department

Additional Members*

Member

_____	_____	_____
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Member

_____	_____	_____
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Member

_____	_____	_____
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*Note: Inorganic Division requires an additional in-division member

Office Use Only: _____