

SUPERVISORY COMMITTEE FORM

Microbiology and Cell Science M.S. Program

Fill out in DocuSign and return to Jacqueline Lee at jlee9@ufl.edu

STUDENT NAME: _____

UF ID NUMBER: _____

DATE: _____

Master's Degree Committee Requirements:

- 2 Microbiology and Cell Science Graduate Faculty Members (including the chairman)
- Students pursuing a non-thesis M.S. degree do **NOT** require a supervisory committee

CHAIRMAN:
MEMBER:
MEMBER:

Contact Jacqueline Lee at jlee9@ufl.edu if you have any questions.