SUPERVISORY COMMITTEE FORM
Microbiology and Cell Science Ph.D. Program

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

STUDENT NAME: ____________________________________________________________

UF ID NUMBER: ____________________________________________________________

DATE: _____________________________________________________________________

Doctor of Philosophy Degree Committee Requirements:
• 4 members minimum (including 1 external member and 1 chairman)
• At least 2 members, including the chair, must be from Microbiology and Cell Science (MCS)
• One additional regular member can be from MCS or any other academic unit
• External member must come from a different educational discipline with no ties to the home academic unit

CHAIRMAN: ________________________________________________________________

MEMBER: __________________________________________________________________

MEMBER: __________________________________________________________________

MEMBER: __________________________________________________________________

MEMBER: __________________________________________________________________

EXTERNAL MEMBER: ________________________________________________________

Please enter UF ID # and the External Members Home Department

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