**Environmental and Global Health PhD Program**

**NOMINATION OF SUPERVISORY COMMITTEE**

|  |  |  |  |
| --- | --- | --- | --- |
| Student UFID | Last Name | First Name | Email Address |
|  |  |  |  |

✓

This form is being submitted for (check one): NEW Supervisory Committee

CHANGE in Supervisory Committee

Description of Research/

Dissertation Goals:

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 *(Optional)* |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Approval Date

Date entered into GIMS:

By:

cc:

Student \_\_\_

Academic Advisor \_\_\_

Supervisory Committee Chair\_\_\_