

Integrative Biology PhD Supervisory Committee Verification Form

TO: Integrative Biology PhD Program

DATE: _____

I have agreed to be a member of the PhD Supervisory Committee for:

(Please print student name)

Please Check One of the following. This student is a participant within:

_____ the Core Integrative Biology PhD Program Option

_____ the Integrative Biology-Neuroscience PhD Program Option

_____ the Integrative Biology-Environmental Science PhD Program Option.

Supervisory Committee Chair/PhD Supervisor

Name: _____

Signature: _____

Supervisory Committee Members

Name: _____

Signature: _____

Name: _____

Signature: _____

NOTE: Supervisory committee members must be members of the appropriate IB Program Faculty list (i.e. Core IB Program Faculty, IB-Neuroscience Program Faculty, IB-Environmental Science Program Faculty).