

Department of Biological Science
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Integrative Biology
Doctoral Program



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 Integrative Biology Core PhD Program Option
- _____ the Integrative Biology-Neuroscience PhD Program Option
- _____ the Integrative Biology-Environmental PhD Program Option
- _____ the Integrative Biology-Biomedical Science PhD Program Option
- _____ the Integrative Biology-Marine Science and Oceanography 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, IB-Biomedical Science Program Faculty, IB-Marine Science and Oceanography Program Faculty).*