

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:

_____ Integrative Biology Core PhD Program

_____ Integrative Biology-Neuroscience PhD Program

_____ Integrative Biology-Environmental Science PhD Program

_____ Integrative Biology-Biomedical Science PhD Program

_____ Integrative Biology-Marine Science & Oceanography PhD Program

Supervisory Committee Chair/PhD Supervisor

Name: _____ Signature: _____

IB Program Associate Director

Name: _____ Signature: _____

Supervisory Committee Member

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).*