SUPERVISORY COMMITTEE AGREEMENT

SUPERVISORY COMMITTEE AGREEMENT
Department of Entomology and Nematology
University of Florida
(To be completed by the student and signed by the committee)

NAME:_____ DATE:_____
Last First Middle

UFID:_____ MATRICULATION DATE:_____

MINOR:_____

DEGREE (Place X): _____M.S. Thesis XX M.S. Non-Thesis _____Ph.D.

EXPECTED DATE OF GRADUATION:_____
Month Year

*NOTE: It is recommended that the expected date of graduation be based on a planned scheduling of the courses to be listed on the Program of Study and on a realistic period of required research.

AREA OF CONCENTRATION: Entomology OR Pest Management

PROPOSED TOPIC OF RESEARCH:
N/A

COMMITTEE MEMBERS
*(Must be signed by all supervisory committee members)

Print Name	Signature	Date
_____	_____	
Chairman		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
External Member (Ph.D. only)		

*NOTE: The responsibilities of the Supervisory Committee for M.S. and Ph.D. degrees are given in the Graduate Catalog.