

HEALTH EDUCATION & BEHAVIOR – UNIVERSITY OF FLORIDA
APPOINTMENT OF SUPERVISORY COMMITTEE
Doctor of Philosophy

STUDENT INFORMATION

Name:

UFID:

Minor:

(If applicable, committee must have a representative from minor department)

First semester in CURRENT degree program:

Semester or Anticipated semester of qualifying exam:

Anticipated semester of graduation:

Supervisory Committee Information (All Members of the Supervisory Committee must have Graduate Faculty status)

New Committee

Update to existing committee:

(Reason for update)

	Name	UFID	Department	Signature	Add/Remove
Chair (required)					
Co-Chair (optional)					
Member (required)					
Member (required)					
Member (optional)					
External Member (required)					
Special Member (optional)					

Committee Chair Signature

Date

Department Chair Signature

Date

Student Signature

Date