

Appointment of Supervisory Committee
for Magna or Summa cum Laude Graduation

DATE: _____

NAME: _____ **UFID:** _____

has been approved by the Department of _____

to pursue the degree of Bachelor of Science in _____

_____ **CUM LAUDE.**

The Supervisory Committee must include at least 3 members: at least one primary BME faculty member, an additional primary BME faculty member or affiliate faculty member, and one affiliate or external faculty member. Identification of a committee member below indicates that the member is aware of your thesis project and has agreed to serve on the committee.

NAME

FIELD of EXPERTISE/DEPT

(Member, Research/Project Advisor)

(Member)

(Member)

APPROVED BY: _____

ASSOCIATE CHAIR FOR UNDERGRADUATE STUDIES (printed name)

(signature)

DATE
