School of Biomedical Engineering, Science, and Health Systems
MS Thesis Committee Appointment Form

To be filed at least two months prior to the final defense.

The committee must consist of at least three members, at least two of whom must be currently tenured or tenure-track Drexel faculty members.

Student Name (Last, First, Middle) ________________________________________________

Student ID # _________________________________________________________________

E-Mail Address ________________________________________________________________

Appointment of the following persons to serve on the M.S. Thesis Advisory Committee is hereby requested:

1. Student’s Advisor: _____________________________ Dept. __________
2. _____________________________________________ Dept. __________
3. _____________________________________________ Dept. __________
4. _____________________________________________ Dept. __________

Signatures

Student ___________________________________________ Date __________
Student’s Advisor _______________________________ Date __________
Graduate Advisor _______________________________ Date __________