

**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**

**Date**

Student \_\_\_\_\_

\_\_\_\_\_

Student's Advisor \_\_\_\_\_

\_\_\_\_\_

Graduate Advisor \_\_\_\_\_

\_\_\_\_\_