



engineering.buffalo.edu/biomedical

THESIS/DISSERTATION COMMITTEE SELECTION FORM

Complete the form below and return it to the Academic Coordinator. This form must be submitted prior to the last day of classes during the second semester of study.

Student's name: _____
Last Name First Name Middle

Person number: _____ Expected Graduation: _____

As a student seeking the: ___MS ___PhD degree in Biomedical Engineering

My research interest area is: _____

and the following graduate faculty have agreed to serve on my committee:

Major Professor Name (required) Signature Date

Committee Member Name (required) Signature Date

Committee Member Name (required for PhD only) Signature Date

Additional Member Name (optional) Signature Date

Additional Member Name (optional) Signature Date

***If changing committee member, name of former committee member:** _____

Former Committee Member Notified: ___ Yes ___ No

Former Committee Member Signature: _____ **Date:** _____

Student's Signature Date

Faculty Advisor's Signature Date

(COMPLETED AFTER SUBMISSION TO DEPARTMENT)

Graduate Director's Signature Date