REQUEST FOR APPROVAL OF THESIS ADVISORY COMMITTEE

MASTER OF SCIENCE IN ENVIRONMENTAL SCIENCE AND POLICY

UNIVERSITY OF SOUTH FLORIDA ST PETERSBURG

Date _____ *SS#* _____

Name _____
First Middle Last

requests that _____ *be appointed as his/her Thesis Advisor,*

and that _____ *and* _____

be appointed as member of the his/her Thesis Advisory Committee.

Approved:

_____	_____
Program Director	Typed/Printed Name and Division/Department
_____	_____
Thesis Advisor	Typed/Printed Name and Division/Department
_____	_____
Thesis Committee Member	Typed/Printed Name and Division/Department
_____	_____
Thesis Committee Member	Typed/Printed Name and Division/Department
_____	_____
Thesis Committee Member	Typed/Printed Name and Division/Department