

Advisory Committee Agreement

TO: BGES Graduate Program Director

DATE: _____

DEGREE PROGRAM: _____ M.S. _____ M.S.-EVS _____ Ph.D.

The following signatures certify the agreement of the following Graduate Faculty members of the Department of Biological, Geological, & Environmental Sciences of Cleveland State University¹ to serve on the Advisory Committee of a graduate student in the above program.

Committee Members:

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Major Advisor:

Name _____ Signature _____

Student:

Name _____ Signature _____

**cc: student
Major Advisor
Advisory Committee
BGES file**

¹ Committee may include external members with equivalent qualifications