 The College of Optics and Photonics

Request to Form MS Thesis Advisory Committee

Student Name: Advisor:

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Thesis Title:

Expected Defense Date:

**Committee Members from College of Optics and Photonics**

*Three committee members are required; 2 must be regular faculty members from the College of Optics & Photonics. All members must be in fields related to the thesis topic.*

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| **Name of Committee Member** | **Check if Chair or****Co-chair** | **Signature and Date** |
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**Optional**: External Committee Members

* *If from UCF, the external member must be a graduate faculty member authorized to chair committees in his or her home department. See handbook for details.*
* *If external to UCF, the Optics Curriculum committee must approve the member. At minimum, the member must have a PhD in an appropriate discipline. A resume must be provided to the associate dean. Please allow up to 3 weeks for approval.*

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| **Name of Committee Member** | **UCF Dept. or state****If outside UCF** | **Signature and Date** |
|       |  UCF Dept. Outside UCF |  |

***Approval***

*\*\*This form must be approved by the Associate Dean prior to the thesis defense.*

**Signature of Student:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved by the**

**Associate Dean:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**