



**WAYNE STATE**  
School of Medicine

**Anatomy and Cell Biology  
Master's Program**

Department of Ophthalmology,  
Visual and Anatomical Sciences

**Thesis Advisory Committee Formation  
Masters of Science**

NOTE: This form must be submitted to the Master's Program Graduate Director only after all members of the committee have agreed to serve. The deadline for submission of this form is May 1<sup>st</sup> of Year 1. The Thesis Advisor will serve as Chair of the Committee. An additional two graduate faculty members must also serve on the committee; one of these must have a primary appointment in OVAS. If a faculty member outside of the department also serves on the committee, please indicate them as the outside member, below.

Student's Name: \_\_\_\_\_ Banner ID (9-Digit #): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Committee**

*(Print/Type Names)*

*(Access IDs)*

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Advisor

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
Outside Member

\_\_\_\_\_  
Outside Member

**Signatures**

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Master's Program Graduate Director

\_\_\_\_\_  
Date