



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 March 1st 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

Outside Member

Outside Member

Signatures

Advisor

Date

Student

Date

Master's Program Graduate Director

Date