

Selection of Supervisory Committee

Master's Degree with Thesis | Department of Nutrition & Health Sciences



This form must accompany the Memorandum of Courses when submitted to the Graduate Program Chair

Student Information

Name: _____ NU ID: _____

Thesis topic: _____

Student signature: _____ Date: _____

Committee Members

Major Adviser signature: _____ Date: _____

Member signature: _____ Date: _____

Member signature: _____ Date: _____

Member signature: _____ Date: _____

Graduate Program Chair: _____ Date: _____