

**Middle Tennessee State University
Department of Chemistry
Committee Request Form**

NAME: _____
 (Last) (First) (Middle)

STUDENT ID NUMBER: _____

ADDRESS: _____
 (Street)

_____ (City) (State) (Zip)

I agree to serve as a member of the research committee to the student named above.

NAME OF COMMITTEE MEMBERS:

(Major Professor) (Date)

(Department Chairman) (Date)

(Committee Member) (Date)

(Committee Member) (Date)

I have received the form designating the committee members for the above named student.

(MS Program Coordinator) (Date)