THE UNIVERSITY OF ALABAMA DEPARTMENT OF CHEMISTRY & BIOCHEMISTRY

APPOINTMENT OR CHANGE OF PLAN II MASTER'S COMMITTEE

(This form is NOT to be used for Thesis Master's or PhD committees)

Please Check One	Please Check One: New appointment of Committee Change of Committee member(s)			Date:		
PART I: Studer	nt Inform	nation				
Degree:		Major:				
Student Name:		(Last)	(First)	(Middle)	CWID:	
E-mail:		(Last)	(1 1151)	(Midule)		
Mailing Addres	ss: _					
PART II: Comm	nittee					
Committee)	Name			Department	Initials*
1 Chairperso	on					
2 Member						
3 Member						
CHANGE(S) IN T						
Committee)	Name			Department	Initials*
1 New Memb	ber _					
2 Remove	_					
				By provid	ding initials, the members agree t	o serve on Committee
Departmental Approval					gaa.e, a.eomboro agroo t	Date
Department Ch	hair or					
Graduate Prog	aram Dire	ector:				