

# Selection of Mentor and Thesis/Dissertation Committee Members

## Department of Biology

Ph.D. and M.S. students are required to select a research mentor and form a dissertation or thesis committee no later than the end of their first semester in residence. Mentors must be members of the Graduate Faculty in Biology.

In addition to the mentor, M.S. students select a minimum of two faculty, at least one of whom must be a member of the Biology Graduate Faculty. Ph.D. students select at least four additional faculty, two of whom must be members of the Biology Graduate Faculty; at least one committee member must be from outside the Department of Biology. Outside members who are faculty at SLU must be members of the Graduate Faculty in their college or unit.

Outside members from other institutions must be approved by the Associate Dean for Graduate Education in the College of Arts & Sciences. In this case, the mentor should write a brief email to the Associate Dean for Graduate Education briefly describing the outside member's qualifications and including the outside member's CV. The Dean's office will forward the approved request to the Doctoral Candidacy Advisor's office.

After consultation with the faculty members named below, I request that they be appointed to serve on my thesis or dissertation committee. I understand that this is subject to approval (indicated by signatures) by the proposed mentor and committee members, and the Graduate Program Coordinator.

### Student

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Research Mentor:

Printed name (Mentor): \_\_\_\_\_ Signature: \_\_\_\_\_

### Department committee members:

1. Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

3. Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

### External committee member(s):

4. Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title and Institution: \_\_\_\_\_

5. Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title and Institution: \_\_\_\_\_

### Graduate Program Coordinator

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_