

**M.S. Guidance Committee**  
**Form to be completed by the end of the *Second Quarter***

Name: \_\_\_\_\_

Committee Member

Please Initial

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Approved:

Major Professor: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

ISAC Chair: \_\_\_\_\_ Date: \_\_\_\_\_