

# GEOINFORMATICS M.S. FACULTY COMMITTEE SELECTION FORM

Student's name: \_\_\_\_\_

## FACULTY COMMITTEE CHAIR:

1. \_\_\_\_\_  
Principal Adviser's Name (please print) Signature

## THESIS OPTION

Anticipated date of submission of final draft: \_\_\_\_\_

## EXAMINATION OPTION

Anticipated date of completion of course requirements: \_\_\_\_\_

\_\_\_\_\_  
Student's signature Date

\_\_\_\_\_  
Department Graduate MS Adviser's signature Date

## ADDITIONAL FACULTY COMMITTEE MEMBERS:

2. \_\_\_\_\_  
Name Signature

3.(Optional) \_\_\_\_\_  
Name Signature

\_\_\_\_\_  
Department Graduate MS Adviser's signature Date

*When completed, please return this form to the Assistant to Chair in HN 1006.*