



The State University of New Jersey  
Department of Chemistry and Chemical Biology

Master's with Thesis Option  
Advisory and Thesis Committee Selection Form

Student's Name \_\_\_\_\_

Research Advisor Signature \_\_\_\_\_

**Committee Members** (must be CCB Graduate Faculty members)  
(Due by **April 1st** of second semester)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dept Approval

\_\_\_\_\_  
Date

*This form must be returned to the Graduate Program Administrator  
(Wright Rieman, Room 143) for the Program Director's approval.*