



PLANT MEDICINE SUPERVISORY COMMITTEE SIGNATURE FORM

Student: _____

UFID: _____

	UFID	Name (Print)	Signature	Department	Date
Chair:	_____	_____	_____	_____	_____
Co-chair:	_____	_____	_____	_____	_____
Member:	_____	_____	_____	_____	_____
Member:	_____	_____	_____	_____	_____
Member:	_____	_____	_____	_____	_____
Special Member:	_____	_____	_____	_____	_____
DPM Director's approval:	_____				