



**PLANT MEDICINE PROGRAM  
FORM 2 - FINAL REVISION**

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**- PLANT MEDICINE SUPERVISORY COMMITTEE SIGNATURE FORM -**

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**Student:** \_\_\_\_\_ **UFID #** \_\_\_\_\_ **Date:** \_\_\_\_\_

UFID	Name (Print)	Signature	Department	Date
Chair:	_____	_____	_____	_____
Co-chair:	_____	_____	_____	_____
Member:	_____	_____	_____	_____
Member:	_____	_____	_____	_____
Member:	_____	_____	_____	_____
Special Member:	_____	_____	_____	_____

**NOTE: Attach revised Form 2**

**- Due at the time of the degree requirements meeting with the program director -**