

DEPARTMENT OF BIOLOGICAL SCIENCES Ph.D. Advisory Committee Form

TO: Committee on Graduate and Advanced Studies

FROM: _____ (student)

RE: Appointment of Advisory Committee

DATE SUBMITTED: _____

I request the approval to appoint the following for my **advisory** committee.

Name (printed)

Signature

Research Director (**required**)

Biological Sciences Faculty Member (**required**)*

Biological Sciences Faculty Member (**required**)*

Member from outside Biological Sciences (**required**)**

Department of above faculty member

Ph.D. students must have a minimum of four faculty members. Additional members, if any, may be listed on the backside

student signature)

*The Chairperson of the Examining Committee will be appointed from one of these members.

**Subject to Graduate School approval.

RESEARCH TOPIC:

Updated: 2/1/2022