

DEPARTMENT OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES

Advisory Committee

NAME: _____ ID #: _____

Program and Degree Sought: _____ Anticipated Completion Date: _____

Advisory Committee

Advisor Chair: _____
Name and Department (print) Signature
790 number

Program Member: _____
Name and Department (print) Signature
790 number

Program Member: _____
Name and Department (print) Signature
790 number

Program Member: _____
Name and Department (print) Signature
790 number

External Member: _____
Name and Department (print) Signature
790 number

See “Selection of Advisor and Advisory Committee” for further details on committee composition.

***Note:** Research Advisor completes the **Committee Appointment Form** (including 790 numbers and departmental affiliation of each committee member) with the Graduate School for approval.

APPROVED

_____ Date: _____

Graduate Program Director