

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 the department (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)

(research director signature)

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

**Subject to Graduate School approval.

RESEARCH TOPIC: (Thesis only)