



PhD ADVISORY COMMITTEE REGISTRATION FORM

I hereby request the following Advisory Committee.

 Student's Name (Type or Print) Last, First Middle

 Student's Signature

 Student ID number

Date: _____ Program: Cell and Molecular Biology Neuroscience
 (MM/DD/YY)

Committee Membership: Please provide the name and affiliation of each proposed committee member. If the proposed member is not a member of the UCC Graduate Faculty, please explain in the remarks section. The Committee must consist of 3 or 5 members including the mentor.

Advisory Committee:

Mentor	Type or print name	Department	Date (M/D/Y)	Signature
Member 1	_____	_____	_____	_____
Member 2	_____	_____	_____	_____
Member 3	_____	_____	_____	_____
Member 4	_____	_____	_____	_____

Remarks: _____

Graduate Program in Biomedical Sciences Approval:

_____Approved _____Approved with Condition(s) _____Disapproved

Conditions/Reason(s) for disapproval:

Graduate Program Administrator or
Associate Dean for Research and Graduate Studies

Date (MM/DD/YY)

ORIGINAL: Graduate Program in Biomedical Sciences Office

Copy: Student
 Office of the Registrar
 Advisory Committee Members

Dissertation / Thesis Committee

The committee will be composed of three (3) or five (5) members, including the research advisor who will chair the committee. The members of the committee will be UCC faculty members or faculty from other institutions with similar programs, but the majority of the committee must be UCC full-time faculty members. One (1) member of the dissertation committee must be a graduate faculty member from outside the advisor's department.