



### ADVISORY COMMITTEE MODIFICATION FORM

I hereby request my Advisory Committee be modified as indicated below.

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

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Student ID number

Date: \_\_\_\_\_ Program: \_\_\_\_\_ Research Interest: \_\_\_\_\_  
 (MM/DD/YY) (PhD, MS, MA)

**Committee Membership:** Indicate reason for change in the remarks section. Indicate Add (A) or Delete (D) in the assigned column. 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. The Chair must be a UCC faculty member.

Advisory Committee:	ADD/ DELETE
1. Chair _____ Type or print name	_____
_____ Department	_____
_____ Date (M/D/Y)	_____
_____ Signature	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

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