

DEPARTMENT OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES
Advisory Committee

NAME: _____ ID #: _____

Program and Degree Sought: _____ Anticipated Completion Date: _____

Advisory Committee

Advisor Chair: _____
Name (print) Signature

Program Member: _____
Name (print) Signature

Program Member: _____
Name (print) Signature

Program Member: _____
Name (print) Signature

External Member: _____
Name (print) Signature

Ph.D. Advisory Committees are comprised of four faculty from the Program (full-time faculty, adjuncts, or affiliates) and one External member (either within or outside of UM). M.S. Degree Advisory Committees are comprised of two faculty from the Programs and one External member.

APPROVED

_____ Date: _____
Graduate Program Director