Student Faculty Committee Form

NOTE: (1). There are specific requirements and guidelines in the Faculty Committee policy for the composition of the student's Faculty Committee. Check the policy before completing the form.

(2). The faculty committee must be approved by the College of Graduate Health Sciences BEFORE the first (inaugural) committee meeting occurs. Failure to obtain approval may result in administrative cancellation of the meeting.

Date: _____

Name: _____

Email address: _____

Matriculation Year: _____

Program: _____ **Track** (Biomedical Sciences)**:** _____

Degree Sought: _____**Ph.D.** _____**M.D.S.** _____**M.S.**

Committee Members (https://uthsc.edu/graduate-health-sciences/about/faculty.php). Click on the link for faculty that are credentialed to serve on student faculty committee.
1. (Research Advisor)
2.
3.
4.
5.
6. (if necessary)
Provide the email address (by their name) of a committee member that does not have a UTHSC email address.

APPROVALS:

I have verified that the above committee follows the requirements and guidelines in the Faculty Committee policy.

(a). Track Director (for Biomedical Sciences)

Name:_____ Signature:_____ Date:_____

(b). Program Director

Name:_____ Signature:_____ Date:_____

(c). Dean

Name:_____ Signature:_____ Date:_____

Email the completed form to your Program Coordinator.