



CENTER FOR HEALTH SCIENCES

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Tulsa, OK 74107-1898
918-561-8312
918-561-8243 fax

Graduate Program

Advisory Committee Appointment Form

Date: _____

The following student has completed all preliminary testing and/or screening successfully and an advisory committee is hereby recommended: _____ M.S. _____ Ph.D.

Program: Biomedical Sciences _____ Forensics Sciences _____

Campus-Wide ID: _____

Name: _____
Last First Middle

Address: _____
City State ZIP Code

Major Field: _____

To Prospective Committee Members: Initial the original copy of this form to signify your willingness to serve. You will not receive additional notification of appointment to the committee. The Chair will call meetings as required to properly advise the student.

- 1. Chair Last First Middle Department
2. Member Last First Middle Department
3. Member Last First Middle Department
4. Member Last First Middle Department
5. Outside Member Last First Middle Department

Initial

- One member of the committee should be from outside the program, for Ph.D. only.
• Minimum of four Graduate Faculty members required Ph.D.
• Minimum of three Graduate Faculty members required for M.S.

IF CHAIR IS NOT DISSERTATION ADVISOR, PLEASE INDICATE DISSERTATION ADVISOR BELOW.

Temporary Advisor

Approved: Dissertation Advisor Associate Dean for Graduate Studies

Forensics Students: Return signed form to Program Coordinator, Room 143-C.
Biomedical Students: Return signed form to Graduate Coordinator, Student Affairs, Room 157-B.