



Doctoral Supervisory Committee Form

Biomedical Sciences

Committee Members: 4 minimum

- 1 Major Professor (BMS Faculty)
- 2 additional departmental members
- 1 University Representative
(outside the department)

BMS Neuroscience

Committee Members: 5 minimum

- 1 Major Professor (BMS Faculty)
- 2 additional members from BMS neuroscience program
- 1 member from neuroscience outside the department
- 1 University Representative
(outside the department AND outside neuroscience)

Student Name: _____ **Email:** _____ **EMPLID:** _____

Student Signature: _____ **Date:** _____

<u>Major Professor</u>	Department: _____	Email: _____
Name: _____	Signature: _____	Date: _____
<u>Co-Chair (if applicable)</u>	Department: _____	Email: _____
Name: _____	Signature: _____	Date: _____
<u>University Representative</u>	Department: _____	Email: _____
Name: _____	Signature: _____	Date: _____
<u>Committee Member</u>	Department: _____	Email: _____
Name: _____	Signature: _____	Date: _____
<u>Committee Member</u>	Department: _____	Email: _____
Name: _____	Signature: _____	Date: _____
<u>Committee Member</u>	Department: _____	Email: _____
Name: _____	Signature: _____	Date: _____
<u>Committee Member</u>	Department: _____	Email: _____
Name: _____	Signature: _____	Date: _____