



FLORIDA STATE UNIVERSITY

COLLEGE OF MEDICINE

Doctoral Supervisory Committee Form

PLEASE Print or Type	COLLEGE OF MEDICINE
Student Name _____ EmplID _____ Date _____	<p style="text-align: center;">DOCTORAL SUPERVISORY COMMITTEE Department of Biomedical Sciences</p> <p style="text-align: center;"><u>Biomedical Sciences</u> <u>4 minimum</u></p> <ul style="list-style-type: none"> ➤ 1 Major Professor (BMS Faculty) ➤ 2 additional departmental members ➤ 1 University Representative (from outside the department) <p style="text-align: center;"><u>BMS Neuroscience</u> <u>5 minimum</u></p> <ul style="list-style-type: none"> ➤ 1 Major Professor (BMS Faculty) ➤ 2 additional members from BMS neuroscience program ➤ 1 member from neuroscience outside the department ➤ 1 University Representative (from outside the department AND outside neuroscience)
Major Professor _____ Date _____	
Co-Chair (If applicable) _____ Date _____	
Representative at Large _____ Department _____	
Committee Member _____ Date _____	
Committee Member _____ Date _____	
Committee Member _____ Date _____	
Committee Member _____ Date _____	

Committee Members: Please initial next to your name