UMDNJ-Graduate School of Biomedical Sciences

THESIS ADVISORY COMMITTEE NOMINATION FORM

The Thesis Advisory Committee comprises the mentor and two additional individuals, at least one of whom is from outside the student's department. The Committee approves the thesis proposal, guides the student during the thesis research, and meets at least twice/year to evaluate the student's progress. **Briefly define the expertise that each member will contribute.**

Student:_____Program:_____

Degree program: ☐Ph.D. ☐M.D./Ph.D ☐D.M.D./Ph.D.

Thesis Advisory Committee

Name: _____ * _____
(Advisor - please print) (signature)

Title: _____ _____
(Department)

Expertise: _____

Name: _____ * _____
(Member - please print) (signature)

Title: _____ _____
(Department)

Expertise: _____

Name: _____ * _____
(Member - please print) (signature)

Title: _____ _____
(Department)

Expertise: _____

Name: _____ * _____
(Member - please print) (signature)

Title: _____ _____
(Department)

Expertise: _____

Name: _____ * _____
(Member - please print) (signature)

Title: _____ _____
(Department)

Expertise: _____

Name: _____ * _____
(Member - please print) (signature)

Title: _____ _____
(Department)

Expertise: _____

Thesis area: _____

_____

Thesis Proposal: ☐ Approved (submit copy) ☐ Not yet reviewed

Approval Signature of Program Director _____Date: _____

Approval Signature of Department Chair _____Date: _____

By signing this document, Committee members agree to meet at least semi-annually to review the student's progress. The mentor and department chair concur that as long as the student remains in good academic standing, the mentor and/or mentor's chair will support the student's stipend as specified by the Graduate School**."**

Date approved by Executive Council: _____200____