

# EAST TENNESSEE STATE UNIVERSITY

## SCHOOL OF GRADUATE STUDIES

### THE APPOINTMENT OF AN ADVISORY COMMITTEE FOR THE Ph.D. IN BIOMEDICAL SCIENCES

NAME: \_\_\_\_\_ E# \_\_\_\_\_  
Student's Name (please type or print)

Admitted to graduate school in the \_\_\_\_\_ semester of \_\_\_\_\_. Concentration: \_\_\_\_\_  
Fall/Spring/Summer (year)

Prior to the beginning of the second year of study in the Ph.D. program, students will form a Graduate Advisory Committee consisting of at least five graduate faculty, with no more than three members from one department. The committee members will be selected by the student and research advisor (who will serve as chair) and will be approved by the department chair and assistant dean for graduate studies in the College of Medicine. The committee will be responsible for overseeing the student's overall academic program, including the program of study, preliminary examination, advancement to candidacy, and preparation and defense of the dissertation. The committee should meet formally with the student at least once each year to review the research and academic progress. **The chair of the advisory committee and the assistant dean of the College of Medicine are responsible for reviewing the student's program of study and ensuring that it fulfills degree requirements.**

The members of the student's advisory committee, as indicated below, were designated during a conference with the student on \_\_\_\_\_.  
Date Student's Signature

**Faculty Signatures affixed below constitute acceptance of the advisory committee assignment.**

Committee Names: (Please Type or Print)	Committee Signatures:	Grad Faculty Status and ExpirationDate
_____ Chair, Advisory Committee	_____ Signature	_____ Date
_____ Committee Member	_____ Signature	_____ Date
_____ Committee Member	_____ Signature	_____ Date
_____ Committee Member	_____ Signature	_____ Date
_____ Committee Member	_____ Signature	_____ Date
_____ Committee Member	_____ Signature	_____ Date
_____ Committee Member	_____ Signature	_____ Date

**Approval:**

\_\_\_\_\_  
Department Chair Date

\_\_\_\_\_  
Associate Dean, College of Medicine Date

\_\_\_\_\_  
Dean, School of Graduate Studies Date