



ADVISORY COMMITTEE MODIFICATION FORM

I hereby request my Advisory Committee be modified as indicated below.

Student's Name (Type or Print) Last, First Middle

Student's Signature

Student ID number

Date: _____ Program: _____ Research Interest: _____
(MM/DD/YY) (PhD, MS, MA)

Committee Membership: Indicate reason for change in the remarks section. Indicate Add (A) or Delete (D) in the assigned column. Please provide the name and affiliation of each proposed committee member. If the proposed member is not a member of the UCC Graduate Faculty, please explain in the remarks section. The Committee must consist of 3 or 5 members. The Chair must be a UCC faculty member.

Advisory Committee:

ADD/
DELETE

1. Chair	Type or print name	Department	Date (M/D/Y)	Signature	
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Remarks: _____

Graduate Program in Biomedical Sciences Approval:

_____ Approved _____ Approved with Condition(s) _____ Disapproved

Conditions/Reason(s) for disapproval:

Graduate Program Administrator or
Associate Dean for Research and Graduate Studies

Date (MM/DD/YY)

ORIGINAL: Graduate Program in Biomedical Sciences Office

Copy: Student
 Office of the Registrar
 Advisory Committee Members