

MCDB Advisory Committee Selection Form

Student Name:	
Please type/print the full name and home members below starting with your MCDB	e departments of your selected advisory committee Faculty Advisor:
Full Name	Home Department
1.	
2.	
3.	
4.	
Optional 5 th Member:	
to complete the Ph.D. program; to provide advice and to review the annual progress report prepare	ist in advising the student of appropriate elective courses to take in order on scholarly matters throughout the student's tenure at the university, of by the students. Students should meet with their Advisory Committee by Committee also serves as the Candidacy Oral Examination and the Final Oral Exam Committee.
members of the committee must be MCDB faculty mer	nt's advisor and three other graduate faculty members. At least two mbers. Students submit their choices to the MCDB Program Office for ill make the Graduate School aware of his/her committee members when exam.
Student Signature	Date
Advisor Signature	Date
MCDB Program Office	Date