

Date

MCDB Advisory Committee Selection Form

Student Name:	
Please type/print the full name and home departments of your selected advisory committee members below starting with your MCDB Faculty Advisor:	
<u>Full Name</u>	Home Department
1.	
2.	
3.	
4.	
Optional 5 th Member:	
to complete the Ph.D. program; to provide advice on schola	
The four person committee consists of the student's advisor members of the committee must be MCDB faculty members for review by May 1st of the 2 nd year. The student will make when the student is ready to schedule their candidacy example.	s. Students submit their choices to the MCDB Program Office the Graduate School aware of his/her committee members
Student Signature	Date
Advisor Signature	Date

MCDB Program Office