DOCTORAL ADVISORY COMMITTEE MEMBERSHIP

School of Applied Physiology

Date: _____________________  __Initial membership form  __Revised membership form

Student: _____________________  Semester entered program: _____________________

First  Middle  Last

Advisory Committee members (must have at least 5, with primary advisor within Applied Physiology, and at least one member from outside of Applied Physiology)

1) _____________________

Advisor  Printed name  Signature  Date  School or Department

2) _____________________

Member or Co-Advisor  Printed name  Signature  Date  School or Department

3) _____________________

External Member  Printed name  Signature  Date  School or Department

4) _____________________

Member  Printed name  Signature  Date  School or Department

5) _____________________

Member  Printed name  Signature  Date  School or Department

Submit the completed and signed initial form to the AP Graduate Coordinator by the end of the second semester of your program. If subsequent revisions are made, you are responsible for submitting a new completed and signed revision form. School Chair will have final signature.

6) _____________________

Member  Printed name  Signature  Date  School or Department

Submit the completed and signed initial form to the AP Graduate Coordinator by the end of the second semester of your program. If subsequent revisions are made, you are responsible for submitting a new completed and signed revision form. School Chair will have final signature.

School Chair  Printed name  Signature  Date  School or Department