



**Ph.D. SUPERVISORY COMMITTEE MEMBERSHIP**

Name of Student: \_\_\_\_\_ Student #: \_\_\_\_\_

Thesis Supervisor(s): \_\_\_\_\_

Thesis Topic: \_\_\_\_\_

\_\_\_\_\_

**PROPOSED MEMBERS: [For non-Pharmacology faculty, a C.V. MUST be provided]**

1) Name: \_\_\_\_\_

Department of graduate faculty membership: \_\_\_\_\_

Email Address: \_\_\_\_\_ CV Provided: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

2) Name: \_\_\_\_\_

Department of graduate faculty membership: \_\_\_\_\_

Email Address: \_\_\_\_\_ CV Provided: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

3) Name: \_\_\_\_\_

Department of graduate faculty membership: \_\_\_\_\_

Email Address: \_\_\_\_\_ CV Provided: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

4) Name: \_\_\_\_\_

Department of graduate faculty membership: \_\_\_\_\_

Email Address: \_\_\_\_\_ CV Provided: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Student Signature

**THIS COMPLETED FORM MUST BE RETURNED TO THE GRADUATE OFFICE WITHIN SIX MONTHS OF REGISTRATION.**