Student Faculty Committee Form

NOTE: (1). There are specific requirements and guidelines in the Faculty Committee policy for the composition of the student's Faculty Committee. Check the policy before completing the form.

(2). The faculty committee must be approved by the College of Graduate Health Sciences BEFORE the first (inaugural) committee meeting occurs. Failure to obtain approval may result in administrative cancellation of the meeting.

(3). Invite the Associate Dean for Student Affairs and Recruitment to your inaugural committee meeting.

Date:

First name:

Middle name:

Last name:

Email address:

Matriculation Year:

Program: **Track (if available):**

Degree Sought: ____Ph.D. ____M.D.S. ____M.S. ____Certificate

Committee Members (https://uthsc.edu/graduate-health-sciences/about/faculty.php). Click on the link for faculty that are credentialed to serve on student faculty committee.
1. (Advisor)
2.
3.
4.
5.
Add additional lines if needed.

Email the completed form to your Program Coordinator.

CGHS address: *College of Graduate Health Sciences, The university of Tennessee Health Science Center, 920 Madison Ave, Suite 807, Memphis, TN 38163. Phone: 901-448-5538*