

MOLECULAR MEDICINE Ph.D. PROGRAM

Thesis Committee Approval Form

Once admitted to candidacy, students assemble a Thesis Committee (Doctoral Dissertation Committee). **Students must compile the Thesis Committee within 3-6 months of advancing to candidacy and prior to the Thesis Proposal.** Members should be chosen primarily on the basis of their knowledge of an aspect of the thesis and their ability to render helpful advice. **The Molecular Medicine Program's requirements** for committee selection and meetings are as follows:

- 1.) **Choose no less than 6 faculty members** for the Committee, inclusive of your research mentor and 1 external faculty member.
- 2.) **At least three members must be MMED faculty** (including mentor).
- 3.) **Three members must be Regular Graduate Faculty** (click on link to access Graduate Faculty List. "RG" next to a name denotes Regular status)
- 4.) **The external member** must be selected from **outside of the Molecular Medicine Program**, and preferably external to the School of Medicine or to the University itself.
- 5.) Thesis Committee approval form must be submitted to your Track Leader and Program Director for approval.
- 6.) Students must meet with the Committee on regular intervals (minimum of twice yearly) to assess progress. **Scheduled meeting dates should be acceptable to ALL 6 members** (*Note: In the rare event that a personal issue or unexpected occurrence prevents a committee member from attending a scheduled meeting, holding a meeting with a minimum of 5 members is acceptable. However, student must meet (via phone or in person) with the absent committee member to provide IDP and minutes from the meeting.*)

Additional Resources: [Graduate School Dissertation Procedures](#) & [*Molecular Medicine Handbook](#) (*ref. Section K for committee compilation and L. for meeting guidelines)

Student Name:	Date:
Student ID: @	Mentor:
Research Track:	Primary Appointment Dept:

Title of Research Proposal:

Thesis Committee Members

	Name	Dept/School	Member of MMED Program	Email	Expertise	Graduate School Membership Status*
Chair	1		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Associate <input type="checkbox"/> Regular <input type="checkbox"/> None (CV req.)
External Member	2		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Associate <input type="checkbox"/> Regular <input type="checkbox"/> None (CV req.)
	3		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Associate <input type="checkbox"/> Regular <input type="checkbox"/> None (CV req.)
	4		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Associate <input type="checkbox"/> Regular <input type="checkbox"/> None (CV req.)
	5		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Associate <input type="checkbox"/> Regular <input type="checkbox"/> None (CV req.)
	6		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Associate <input type="checkbox"/> Regular <input type="checkbox"/> None (CV req.)
	7		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Associate <input type="checkbox"/> Regular <input type="checkbox"/> None (CV req.)

Approval Signatures

Track Leader: _____ Date: _____

Program Director: _____ Date: _____