

MOLECULAR MEDICINE Ph.D. PROGRAM
Thesis Committee Member Change/Addition Form

Student Name: _____

Mentor: _____

Track: _____

New Committee Member

Name:	Email:
Department:	Member of MMED Program: <input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School Membership Status:	<input type="checkbox"/> Regular <input type="checkbox"/> Associate <input type="checkbox"/> None

Committee Member to be removed (*if applicable*)

Name:

Approval Signatures:

Track Leader _____ Date: _____

Program Director _____ Date: _____

NOTE: *If the change is made after the final committee form has been approved by the Graduate School, it is the responsibility of the student to notify the Graduate School of the new member.*

