Program in Neuroscience

Doctoral Thesis Committee Approval Form

Once admitted to candidacy, students assemble a Thesis Committee (Doctoral Dissertation Committee). 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 Program in Neuroscience's requirements** for committee selection and meetings are as follows:

1. The Dissertation Committee consists of **5 voting members** who hold a doctoral degree, inclusive of your research mentor and 1 external faculty member.
    Up to 7 members are allowed but this is highly discouraged due to scheduling challenges.
2. **At least three members must be PIN faculty** (including mentor).
3. **At least 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 program, department, or discipline,** and, preferably, be external to the University itself.
5. Students must meet with the Committee on regular intervals (minimum of once annually; updates must be provided every 6 months) to assess progress.

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 maximum of one member not in attendance is acceptable. However, student must meet (via phone or in person) with the absent committee member to provide minutes from the meeting.

Student Name:	Date:
Research Project title:	Mentor:
	Primary Appointment Dept:

		Name	Dept/School	Member of PIN Program	Email	Expertise	Graduate School Membership Status*
Chair	1			☐Yes ☐No			☐Associate☐Regular☐ None (CV req.)
External Member	2			☐Yes ☐No			☐Associate☐Regular☐ None (CV req.)
	3			☐Yes ☐No			☐Associate☐Regular☐ None (CV req.)
	4			☐Yes ☐No			☐Associate☐Regular☐None (CV req.)
	5			☐Yes ☐No			☐Associate☐Regular☐None (CV req.)
	6			☐Yes ☐No			☐Associate☐Regular☐None (CV req.)
	7			☐Yes ☐No			☐Associate☐Regular☐None (CV req.)

Approval Signature

Program Director: _____   Date: _____