

**GRADUATE STUDENT ADVISORY COMMITTEE & COURSE PLAN
SCHOOL OF MEDICINE**

DATE: _____ (submit by start of 2nd semester of graduate study for M.S.)
 (submit by end of 2nd semester of graduate study for Ph.D.)

FROM: _____, Advisor and Chair, Graduate Student's Advisory Committee

TO: Director of Graduate Affairs, School of Medicine

SUBJECT: APPOINTMENT OF GRADUATE STUDENT'S ADVISORY COMMITTEE,
 TENTATIVE COURSE PLAN, TITLE OF THESIS/DISSERTATION

STUDENT NAME: _____ DEPARTMENT: _____

DATE OF INITIAL MATRICULATION: _____

DEGREE EXPECTED: M.S. () DATE EXPECTED: _____ Ph.D. () DATE EXPECTED: _____

DEGREE PROGRAM: _____

GRADUATE COMMITTEE:

(Recommendation is submitted by Advisor) Minimum of 3 for M.S., 1 from outside of department; 5 for Ph.D., 1 from each of 2 outside departments (where feasible) (Minimums include Advisor above)

 The following are members of the graduate faculty, have been contacted and indicate a willingness to serve if approved.

First & Last Name of Committee Members	Dept	Phone	Box #	email I.D.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTE: On the reverse of this sheet, indicate the tentative course plan for student by semester. Indicate tentative title of thesis or dissertation.

APPROVED BY ADVISOR: _____ DATE: _____

APPROVED BY PROGRAM DIRECTOR: _____ DATE: _____

APPROVED BY DEPARTMENT

CHAIR\DESIGNEE: _____ DATE: _____

APPROVED BY DEAN\DESIGNEE: _____ DATE: _____

cc: Committee Members, Program Director, Department Chairman, and Student.

TENTATIVE COURSE PLAN: INCLUDE COURSE NUMBER, ABBREVIATED TITLE AND SEMESTER HOURS (SH), AND GRADE WHEN COURSE HAVE BEEN COMPLETED

1st year
Fall 20__
Course #, Title, SH, Grade

1st year
Spring 20__
Course #, Title, SH, Grade

2nd year
Fall 20__

2nd Year
Spring 20__

3rd Year
Fall 20__

3rd Year
Spring 20__

4th Year
Fall 20__

4th Year
Spring 20__

Dissertation/Thesis Project: _____