



# NEW YORK MEDICAL COLLEGE

A MEMBER OF THE Touro College and University System

## Graduate School of Basic Medical Sciences

### PH.D. ADVISORY COMMITTEE MEMBERSHIP FORM

Student: \_\_\_\_\_

Program: \_\_\_\_\_ Date submitted: \_\_\_\_\_

*Nominees:* Place a check mark in the box after the name of the individual who will serve as Chairperson of the committee.

Mentor: \_\_\_\_\_

Member from  
another department: \_\_\_\_\_

Other members:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

External member: \_\_\_\_\_

His/her institution: \_\_\_\_\_

Describe and justify any special arrangements, such as co-sponsorships, supervisions of off-campus research, substitutions or replacements of any committee member, etc.

Student's signature: \_\_\_\_\_

Program Director: \_\_\_\_\_  
Signature Name

Approved by Dean, Graduate School of Basic Medical Sciences:

\_\_\_\_\_  
Signature Date