

M | PHARMACOLOGY

DEPARTMENTAL DISSERTATION COMMITTEE FORM

Please complete this form and have each of your committee members sign next to their name. (*Committee Members: do not lock after signing.*) Once you have their signatures, return the form to the Student Affairs Program Coordinator in Room 1301E, MSRB III. Once your form is received, the Graduate Program Chair will review your committee and sign off. Committee member selections should follow the Rackham Dissertation Committee Formation guidelines, 4 members total, including one cognate member and at least two members from the Department of Pharmacology (this can include your chair/advisor).

Name of Student (Please print): _____

Date: _____

<u>Name</u>	<u>Department</u>	<u>Signature</u>	<u>UM ID #</u>
Chair/Co-Chairs:			
_____	_____	_____	_____
_____	_____	_____	_____
Cognate Member:			
_____	_____	_____	_____
Other Members:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: Graduate Committee Chair

Date