Appointment of Advisory Committee Members See Article 9, Graduate School Policy Handbook for guidelines) Submit to Graduate School N204			Baylor College of Medicine	THE GRADUATE SCHOOL OF BIOMEDICAL SCIENCES BAYLOR COLLEGE OF MEDICINE
Student Name: Graduate Program:		BCM ID #:		es 🔲 No
Major Advisor:	(Print Name)	Appointment/Re	evision Date:	

	MEMBER NAME PRINTED	MEMBER SIGNATURE (Only for appointments)	Appointment Type Please designate (Program/External/Reporting)
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The faculty appointed to this Thesis Advisory Committee do not have a relationship as a spouse or domestic partner of the Major Advisor, and are not members of the Major Advisor's laboratory group._____(Initials, Major Advisor)

Required Approvals

Major Advisor:

Signature

Signature

Graduate Program Director

Date

Date