Appointment of Advisory Committee Members

See Article 9, Graduate School Policy Handbook for guidelines)
Submit to Graduate School N204



THE GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

BAYLOR COLLEGE OF MEDICINE

Student Name	:		BCM ID #:	
Graduate Program:			(Are you also in the MD/PhD Program? Yes No	
Major Advisor:		_(Print Name)	Appointment/Revision Date:	
	MEMBER NAME PRINTED	МЕМВЕ	R SIGNATURE (Only for appointments)	Appointment Type Please designate if (Program/External/Reporting
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