



Appointment of Thesis Advisory Committee Members (TAC)



(See Article 9.2.2 of the Graduate School Policy Handbook)

This form is submitted to the Graduate School, Room N204

Student Name: _____ BCM ID #: _____

Graduate Program: _____ Are you in the MD/PhD program? Yes No

Major Advisor: _____ Appointment/Revision Date: _____

Committee Members			
	Member Printed Name	Member Signature (appointments only)	Appointment Type
<input type="checkbox"/> Appoint <input type="checkbox"/> Remove			
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<input type="checkbox"/> Appoint <input type="checkbox"/> Remove			

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 Date

Graduate Program Director: _____
Signature Date