

Nomination of Advisory Committee (Master of Science)

The following full or associate members of the graduate faculty have agreed to serve on the thesis advisory committee for

_____ currently pursuing the degree of **Master of Science** in _____.

Committee Chair

Name, Title

Program

Committee Members

Name, Title

Program

The following Scientist from outside the University of Mississippi Medical Center has agreed to serve on the candidate's advisory committee. (Curriculum vitae attached).

Name

Title

Program

Thank you,

Director of the Graduate Program

Associate Dean, School of Graduate Studies in the Health Sciences