Doctoral Committee Request

Check one:

___ New Committee    ___Committee Reconstitution

Student Information:

Name: ____________________________________      PID: _____________

Email: ________________________ Specialty: _______________________

    Proposed date of advancement: ___________________________

Committee Information:

1. Chair of Committee: _________________________________

    Department: ___________________    Specialty: ___________________

2. Member Name: ____________________________ Co-Chair? (Y/N) ____

    Department: ___________________    Specialty: ___________________

3. Member Name: _______________________________________

    Department: ___________________    Specialty: ___________________

4. Member Name: _______________________________________

    Department: ___________________    Specialty: ___________________

5. Member Name: _________________________________

    Department: ___________________    Specialty: ___________________

*Submit completed form to Kelly Guerriero (AP&M 7408 or kguerriero@ucsd.edu) at least two weeks before advancement talk.