



# PhD in Population Health Sciences

Environmental Health | Epidemiology | Global Health & Population | Nutrition | Social & Behavioral Sciences

## Dissertation Advisory Committee Nomination Form

Completed form should be signed by the student and academic advisor before submitting to your Field of Study Academic Administrator within two weeks of passing your PQE (2).

STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FIELD OF STUDY: \_\_\_\_\_ HUID: \_\_\_\_\_

AREA OF SPECIALIZATION: \_\_\_\_\_

ACADEMIC ADVISOR: \_\_\_\_\_

WORKING TITLE: \_\_\_\_\_

### DISSERTATION ADVISORY COMMITTEE MEMBERS:

<p><b>COMMITTEE MEMBER/CHAIR:</b></p> <p>_____</p> <p>Full Title: _____</p> <p>School/Affiliation: _____</p> <p>E-mail: _____</p> <p>Signature: _____</p>	<p><b>COMMITTEE MEMBER</b></p> <p>_____</p> <p>Full Title: _____</p> <p>School/Affiliation: _____</p> <p>E-mail: _____</p> <p>Signature: _____</p>
<p><b>COMMITTEE MEMBER</b></p> <p>_____</p> <p>Full Title: _____</p> <p>School/Affiliation: _____</p> <p>E-mail: _____</p> <p>Signature: _____</p>	<p><b>COMMITTEE MEMBER</b></p> <p>_____</p> <p>Full Title: _____</p> <p>School/Affiliation: _____</p> <p>E-mail: _____</p> <p>Signature: _____</p>

Required Signatures	
_____	____/____/____
Student	Date
_____	____/____/____
Academic Advisor	Date
_____	____/____/____
Field of Study Academic Administrator	Date
_____	____/____/____
PHS Program Director	Date

cc:  Student  Academic Advisor  Field of Study Academic Administrator  PHS Office  Student File