

**Mel and Enid Zuckerman College of Public Health  
Epidemiology Section**

*Declaration of Graduate Committee Membership*

*The purpose of this form is to help the Program stay aware of committee assignments at a point in time that will be useful for students. This will assure equity of committee participation and consonance with Program guidelines.*

Student Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Faculty Advisor: \_\_\_\_\_

What is your expected graduation date? \_\_\_\_\_

Please check which of the following committees you are declaring:

**MS Thesis** (minimum 3 members)

**PhD Comprehensive Exam** (minimum 4 members, 3 must be tenured/tenure track)

**PhD Dissertation** (minimum 3 members – if 3, all must be tenured/tenure track)

Please list the faculty you are proposing to comprise the above stated committee. List the proposed chair first:

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Has this person agreed to serve? Y N

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Has this person agreed to serve? Y N

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Has this person agreed to serve? Y N

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Has this person agreed to serve? Y N

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Has this person agreed to serve? Y N

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Has this person agreed to serve? Y N

Student Signature: \_\_\_\_\_

EPI Advisor Signature: \_\_\_\_\_

*Submit the completed form to: Chair of Epidemiology Section for review by faculty of Epi Section*