



**University of Mississippi Medical Center
John D. Bower School of Population Health
Doctoral Advisory Committee Nomination Form**

Candidate Full Name: _____

Pursuing Degree: **Doctor of Philosophy** in _____

The following committee members have agreed to serve on the candidate's advisory committee.

| | Committee Chair |
|--------------------|------------------------|
| <i>Name, Title</i> | <i>Program</i> |
| | |

| | Committee Members |
|--------------------|--------------------------|
| <i>Name, Title</i> | <i>Program</i> |
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The following Scientist from outside the University of Mississippi Medical Center has agreed to serve on the candidate's advisory committee. (Curriculum Vitae attached).

| <i>Name, Title</i> | <i>Program</i> |
|--------------------|----------------|
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**The Ph.D. Advisory Committee must consist of a minimum of three members. The student's advisor must be faculty within the program of study and will serve as chair of the committee. The second member must have a faculty appointment within the John D. Bower School of Population Health, while the third member may be from outside of the program faculty or the University of Mississippi Medical Center. All committees must be approved by the SOPH Dean.*

All doctoral degrees require a minimum of 60 hours beyond the baccalaureate. For program-specific courses and required hours, please see the UMMC Bulletin.

Program Director: _____

Date: _____

SOPH Dean, or designee: _____

Date: _____