



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

Candidate Full Name: \_\_\_\_\_

Pursuing Degree: **Master of Science in** \_\_\_\_\_

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

	<b>Committee Chair</b>	
<i>Name, Title</i>		<i>Program</i>

	<b>Committee Members</b>	
<i>Name, Title</i>		<i>Program</i>

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>

*\*The Masters Advisory Committee must consist of a minimum of two 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. Students may add additional members following approval of the SOPH Dean.*

Program Director: \_\_\_\_\_

Date: \_\_\_\_\_

SOPH Dean, or designee: \_\_\_\_\_

Date: \_\_\_\_\_