



THESIS ADVISORY COMMITTEE (TAC) NOMINATION FORM

The TAC is comprised of the mentor and 4 individuals for Ph.D. or 2 individuals for M.S. If desired, only one of these TAC members can be from outside of program or the university. Briefly define the expertise that each member will contribute. **If you nominate an outside member, please ask them to email their CV or Biosketch to gsbs-stratford@rowan.edu.**

Program of Study: Molecular Cell Biology & Neuroscience Molecular Pathology & Immunology

Degree Sought: Ph.D. D.O./Ph.D. M.S

Student: _____

Department: _____

Thesis area: _____

Thesis Advisory Committee

Name: _____	*
(MENTOR - please print)	(Signature)
Title: _____	_____
	(Department)
Expertise: _____	

Name: _____	*
(Mentor-of Record OR Member - please print)	(Signature)
Title: _____	_____
	(Department)
Expertise: _____	

Name: _____	*
(Member - please print)	(Signature)
Title: _____	_____
	(Department)
Expertise: _____	

Name: _____	*
(Member - please print)	(Signature)
Title: _____	_____
	(Department)
Expertise: _____	

Name: _____	*
(Member - please print)	(Signature)
Title: _____	_____
	(Department)
Expertise: _____	

Approval Signature of Program Director: _____ **Date:** _____

Approval Signature of Program Director: _____ **Date:** _____

Approval Signature of Department Chair: _____ **Date:** _____

* By signing this document, Committee members agree to meet at least semi-annually to review the student's progress. The mentor and department chair concur that the doctoral student mentor's current funding is adequate to support the student's project and stipend as specified by the Graduate School.

Date approved by Executive Council: _____