



PhD TBS Appointment of the Advisory Committee for the Pre-Qualifying Meeting

Student Name:

URID:

Program:

Meeting Date:

Time:

Location:

Role	Name	Title	Department
Primary Mentor			
Co-Mentor			
Committee Member			
Committee Member			
Committee Member			
Guest Member*			

NOTES:

1. Use an * by the name of any faculty member participating in *only* the exam (not a formal voting member of the committee)
2. Non-UR faculty must be approved by the Senior Associate Dean prior to the meeting

Program Director Signature

Date