

**BME PhD PROGRAM**  
**REQUEST FOR APPROVAL OF THESIS COMMITTEE**  
*(This form must be typed)*

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Research Track:**  BIOMATERIALS  CARDIOVASCULAR  CELLULAR  
 INTEGRATIVE BIOSYSTEMS  MEDICAL IMAGING  NEUROENGINEERING

**Program:**  BME  PKU  Original Request  Revised Request\*

**A. List of Committee Members**

The following faculty members are proposed to serve as members of the Thesis Committee for the above named student. Five members are required for PhD students and three for MS students. For PhD students, three of the committee members are in the BMED Program Faculty and at least one of the committee members has no affiliation with the department—preferably from a biosciences area of GT, EU, or a collaborating institution. For PKU students, the co-advisor at PKU should be listed. For MS students, two are in the Program Faculty and one has no affiliation with of the department. The membership reflects a balance between engineering and the life sciences. *Refer to the Graduate Program Handbook for full details on committee membership requirements.*

1. Advisor: \_\_\_\_\_ Institution/Dept: \_\_\_\_\_  
\_\_\_\_\_ (signature)
2. \_\_\_\_\_ Institution/Dept: \_\_\_\_\_  
\_\_\_\_\_ (signature)
3. \_\_\_\_\_ Institution/Dept: \_\_\_\_\_  
\_\_\_\_\_ (signature)
4. \_\_\_\_\_ Institution/Dept: \_\_\_\_\_  
\_\_\_\_\_ (signature)
5. \_\_\_\_\_ Institution/Dept: \_\_\_\_\_  
\_\_\_\_\_ (signature)

\*Additional lines should be added for any previously approved members being removed from the committee as part of a Revised Request. Signatures of those coming off the committee are also required.

### **B. Student Description of Project and Justification for Choice of Committee Members**

Following is a short description of the proposed research project and rationale for the choice of the proposed committee members listed above:

### **C. Curricula Vitae (CVs) for non-BME Committee Members**

Attached to this document are short-version CVs (2-3 pages maximum with NIH Biosketch format preferred) for the proposed committee members who are outside the BME department.

\_\_\_\_\_  
**Student signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Faculty Advisor signature**

\_\_\_\_\_  
**Date**

This completed form and attachments must be submitted to the BME Academic Office / Graduate Program Coordinator. The BME Graduate Committee will review the request. The form will be kept in the student's file and a copy given to the student. If approved, the student may proceed with the next steps in the thesis/dissertation process with the above named committee.

### **APPROVAL:**

The BME Graduate Committee has approved this request.  YES  NO

\_\_\_\_\_  
**Graduate Committee Chair or  
Associate Chair for Graduate Studies**

\_\_\_\_\_  
**Date**