



RUTGERS

School of Arts and Sciences
DEPARTMENT OF CHEMISTRY
AND CHEMICAL BIOLOGY

PhD Students: Advisory Committee Selection Form

1. Student's name: _____

2. Advisory committee members (must be CCB graduate faculty members):

_____	_____
Name, Printed	Signature

_____	_____
Name, Printed	Signature

3. Research advisor signature: _____ Date: _____

This form is due to the Graduate Program Coordinator (CCB-1108) in student's second semester after parts 1-3 are completed. Part 4 should be completed no later than 30 days prior to your defense.

4. For outside final thesis committee member (cannot be CCB graduate faculty member):

_____	_____
Name, Printed, and Affiliation	Date

_____	_____
Advisor Approval	Date

_____	_____
Department Approval	Date