



PhD Dissertation Committee Form

Full Name: _____

Date admitted to BmEL/Med: _____

Dissertation Topic: _____

PhD Dissertation Committee Members:

(Please obtain signatures from your committee members)

Supervisor: _____ Date: _____

Chair: _____ Date: _____
Name & Signature

Other members:

_____ Date: _____
Name & Signature

_____ Date: _____
Name & Signature

_____ Date: _____
Name & Signature

_____ Date: _____
Name & Signature

Please return the complete form to Michelle Heimgartner, the BmEL administrator.