

**DOCTORAL ADVISORY COMMITTEE MEMBERSHIP**  
**School of Applied Physiology**

**Date:** \_\_\_\_\_  Initial membership form       Revised membership form

**Student:** \_\_\_\_\_ Semester entered program: \_\_\_\_\_  
*First                      Middle                      Last*

**Advisory Committee members** (must have at least 5, with primary advisor within Applied Physiology, and at least one member from outside of Applied Physiology)

1) \_\_\_\_\_  
*Advisor                      Printed name                      Signature                      Date                      School or Department*

2) \_\_\_\_\_  
*Member or Co-Advisor      Printed name                      Signature                      Date                      School or Department*

3) \_\_\_\_\_  
*External Member              Printed name                      Signature                      Date                      School or Department*

4) \_\_\_\_\_  
*Member                      Printed name                      Signature                      Date                      School or Department*

5) \_\_\_\_\_  
*Member                      Printed name                      Signature                      Date                      School or Department*

\_\_\_\_\_ *Member                      Printed name                      Signature                      Date                      School or Department*

\_\_\_\_\_ *Member                      Printed name                      Signature                      Date                      School or Department*

**Submit the completed and signed initial form to the AP Graduate Coordinator by the end of the second semester of your program. If subsequent revisions are made, you are responsible for submitting a new completed and signed revision form. School Chair will have final signature.**

\_\_\_\_\_ *School Chair                      Printed name                      Signature                      Date                      School or Department*