

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

Academic Program Coordinator Name Signature Date School or Department

Submit the completed and signed initial form to the AP Graduate Coordinator (Sabrina Hall, sh112@gatech.edu) 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 Program Director will have final signature. (use DocuSign)

School Program Director Printed Name Signature Date School or Department