



University of Mississippi Medical Center
John D. Bower School of Population Health
Masters Advisory Committee Nomination Form

Candidate Full Name: _____

Pursuing Degree: **Master of Science in** _____

The following committee members have agreed to serve on the candidate's advisory committee.

	Committee Chair
<i>Name, Title</i>	<i>Program</i>

	Committee Members
<i>Name, Title</i>	<i>Program</i>

The following Scientist from outside the University of Mississippi Medical Center has agreed to serve on the candidate's advisory committee. (Curriculum Vitae attached).

<i>Name, Title</i>	<i>Program</i>

**The Masters Advisory Committee must consist of a minimum of two members. The student's advisor must be faculty within the program of study and will serve as chair of the committee. The second member must have a faculty appointment within the John D. Bower School of Population Health. Students may add additional members following approval of the SOPH Academic Dean.*

Program Director: _____

Date: _____

Academic Dean, or designee: _____

Date: _____