

**DEPARTMENT OF BIOCHEMISTRY
SUPERVISORY COMMITTEE NOMINATION FORM**

Student Name:

Supervisory Committee:

NAME

DEPARTMENT

Advisor:

Co-Advisor (if needed):

Biochemistry Faculty:
(of the major department)

Outside Faculty Member:

Rank: _____

E-mail: _____

Phone: _____

University/Institution: _____

Additional Member:

(for some program students)

Rank: _____

E-mail: _____

Phone: _____

University/Institution: _____

Justification for choosing the Minor Area Representative (Outside Faculty Member):

1-3 Line Description of Proposed Research Project:

Please return completed form to: Peggy Wilkison, Biochemistry Graduate Studies Office
251 Nanaline H. Duke Building, Box 3711 DUMC