

**The University of Texas MD Anderson Cancer Center UTHealth  
Graduate School of Biomedical Sciences**

**Change of Committee Member(s) *Please type***

**Please check one:**                      **Advisory Committee**                      **PhD Candidacy Examining Committee**

Student Name: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Advisor must affix initials: \_\_\_\_\_

Name(s) of member(s) being replaced (if applicable): \_\_\_\_\_

Brief description of reason for change: \_\_\_\_\_

Degree Program:     PhD     MD/PhD                       MS                       SMS

Committee member outside student's major research area: \_\_\_\_\_

Student's Program Affiliation: \_\_\_\_\_

Description of student's research interests \_\_\_\_\_

*Complete information below for each **NEW** committee member and obtain individual's initials*

a) Name, Degree	Faculty affix Initials *	Area of Expertise (key words)
b) Dept & Institutional Affiliation & Position		
c) Membership in GSBS Faculty (yes or no)		
d) GSBS Program Affiliation(s) (list all)		
1. a) b) c) Membership in GSBS Faculty:    Yes    No** d)		
2. a) b) c) Membership in GSBS Faculty:    Yes    No** d)		
3. a) b) c) Membership in GSBS Faculty:    Yes    No** d)		

\*Initials indicate willingness to serve on committee

\*\* If not a GSBS faculty member, attach biosketch

Approved:

\_\_\_\_\_  
Program Director (print name and sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean for Graduate Education

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Academic Standards Committee

\_\_\_\_\_  
Date

**Return to Office of Academic Affairs at [gsbs.reports@uth.tmc.edu](mailto:gsbs.reports@uth.tmc.edu)**