

Declaration of Advising Committee
Doctorate in Health Informatics

Student Name: _____

Student ID: _____

Student Signature: _____

Date: _____

Print Primary Advisor/Chair-SBMI Faculty Name	Signature	Date
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Print Committee Advisor-SBMI Faculty Name	Signature	Date
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Print Committee Advisor-Organizational Advisor Name	Signature	Date
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Email Address (if Non UTH Faculty)

Print Committee Advisor Name	Signature	Date
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Email Address (if Non UTH Faculty)

Office of Academic Affairs Staff Member	Signature	Date
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**Student must send original copy with signatures to be maintained in the student's file.