

Declaration of Advising Committee

Doctor of Philosophy in Biomedical Informatics

Date: _____

Student Name: _____ Student ID: _____

Student Signature: _____ Date: _____

Print Primary Advisor-SBMI Faculty	Signature	Date
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Print Committee Advisor-SBMI Faculty	Signature	Date
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Print Committee Advisor	Signature	Date
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Email Address if Non UTH Faculty

Print Committee Advisor	Signature	Date
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Email Address if Non UTH Faculty

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