**UNIVERSITY AT BUFFALO**

**STATE UNIVERSITY OF NEW YORK AT BUFFALO**

**DEPARTMENT OF MICROBIOLOGY AND IMMUNOLOGY**

**GRADUATE STUDIES OFFICE**

**TO: Microbiology and Immunology Graduate Students**

**FROM: Director of Graduate Studies**

**RE: Ph.D. Advisory Committee Appointments**

 **Upon successful completion of the Preliminary Doctoral Qualifying Examination, a Ph.D. Advisory Committee must be appointed. This committee consists of the Major Professor, who acts as the chair, and at least three additional faculty members. Two of these individuals must be have primary faculty appointments in the Department of Microbiology and Immunology, and one may be from another Department of the University. At least one member should have a research expertise outside the student's thesis topic.**

 **After consultation with your Major Professor, please complete the information below and submit to the Graduate Studies Office within two weeks for approval of the Graduate Affairs Committee. Proposed changes to your committee also requires approval of the Graduate Affairs Committee.**

**. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

**Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Department**

**Committee Members:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Chair) Microbiology\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Microbiology\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Microbiology\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Microbiology\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Microbiology\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RECORD OF APPROVAL BY GRADUATE AFFAIRS COMMITTEE:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Approval and Signature of Director of Graduate Studies**

**EKH 4/17**