



Cellular & Molecular Pathology Graduate Program

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Advisory Committee Approval Form

Instructions

All CMP Students are required to form an Advisory Committee.

Students must identify Advisory Committee members by March 31 of their first year.

To form an Advisory Committee, the student must:

1. Identify Committee members:

Consult your Major Professor to determine members of the Advisory Committee¹

Follow requirements regarding committee composition:

- An Advisory Committee consists of **at least four** faculty members.
- Major Professor/s: 1 or 2, member/s of the CMP program
 - One major professor option: Includes the student's Major Professor
 - Dual mentorship option: Includes the student's Major Professor and also a second member of CMP. Must have 1 MD or MD/PhD **and** 1 PhD.
- A **minimum of three** Committee members must be members of the CMP Program, including the student's Major Professor. One Committee member must be "outside" the student's direct area of expertise or focus group.
- The final Committee member/s (1 or 2 or more) can either be part of the CMP Program or outside the program.
- At least two UW Departments must be represented by your committee composition.

2. Complete the "Advisory Committee Approval" form.

Submit form to CMP office, 3170-10J Medical Foundation Centennial Building (MFCB).

- #### 3. If the membership of the student's Advisory Committee changes, submit a revised Advisory Committee approval form to the CMP office.

¹It is a Graduate School requirement that committee members be tenured or tenure-track faculty members.



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4. If a student and Major Professor wish to form a committee that does not fulfill one or more of the three requirements listed above, provide a letter to the CMP
5. Chair or Curriculum Chair, along with the standard Advisory Committee approval Form, describing the reasons for the changes.

If you have any questions or concerns, please contact your major professor or the CMP Office at wigand@wisc.edu or 265-8576.



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Advisory Committee Approval Form

Student's Name: _____

Lab Phone: _____

Lab Address: _____

Original Revised (Circle one)

☐☐

The following faculty will comprise my Advisory Committee (PLEASE PRINT):

CMP Trainer

Major Professor/s

Yes ☐

Advisor Committee Member

Yes ☐

Advisor Committee Member

Yes ☐ No ☐

Advisor Committee Member

Yes ☐ No ☐

Advisor Committee Member

Yes ☐ No ☐

Advisor Committee Member

Yes ☐ No ☐

Signature of Major Professor

Date