

Date: \_\_\_\_\_

Membership Form  
**Student Advisory Committee (SAC)**  
**Dissertation Committee (DC)**  
**Preliminary Examination Committee**  
**(circle one above)**

Oral Biology PhD Program

Student: \_\_\_\_\_

Mentor / Research Mentor / Prelim Advisor: \_\_\_\_\_

Committee Members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Outside Reader, Dissertation Committee only)

SIGNATURES:

Mentor or Prelim Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

PhD Program Co-Directors:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Provide completed form to PhD Program Administrator in the Oral Biology department office.