



Yale University
 Graduate School of Arts and Sciences
 Biomedical Engineering Graduate Program

_____ Year of Study (1, 2, 3...)

Research Committee Membership

Submission and approval of this form by your DGS is necessary before scheduling your Area Exam.
 If there are changes to your committee membership, you should submit an updated form.

NAME	<i>last</i> <i>first</i>	Date	
	<i>address</i>		<i>office/home phone</i>

	Name	Dept
Committee Members:	(Chair/Advisor)	

Note: A total of four (4) committee members is highly encouraged.

When complete, please send form to:

*Dr. Kathryn Miller-Jensen (kathryn.miller-jensen@yale.edu)
 Amanda Puccino (amanda.puccino@yale.edu)
 Please also CC your advisor.*