

Graduate Bioengineering Dissertation Committee Approval Form
University of Pittsburgh
Department of Bioengineering

Student Name:

Please answer the following questions below to ensure that your committee meets the school and department's requirements:

1. Does every committee member have a doctoral degree (e.g., PhD, MD, DPT, etc)? Condition met?
2. The student's research advisor is the Chair of the committee.
 1. Does the Chair have a primary or secondary appointment in Pitt Bioengineering? Condition met?
 2. Does the Chair have Graduate Faculty status (you can check here: [Graduate Faculty Roster](#))? Condition met?
3. The student's committee must have at least one member with **primary** appointment in Pitt Bioengineering.
Name: _____
4. Please list the committee members who have BioE affiliation (primary or secondary; ***majority of members (>50%) must have Pitt BioE affiliation***). Members identified for the above questions must be included in this list. At least 1 of your chairs must have a BioE affiliation.
 1. Name (Chair): _____
 2. Name: _____
 3. Name: _____
5. Please list the committee member who has an appointment outside of Pitt BioE. They cannot have either primary or secondary affiliation with Pitt Bioengineering. This person can be from another department at Pitt or from another institution. They must be from an academic institution.
 1. Name (required): _____
6. Are there at least 4 faculty members on your committee? Condition met?
7. If you wish to include additional member(s) to your search committee, enter their names here:
 1. Name (optional): _____
 2. Name (optional): _____
8. Does a majority (> 50%, not \geq 50%) of the committee members have Graduate Faculty status (you can check here: [Graduate Faculty Roster](#))? Condition met?
9. Does a majority (> 50%, not \geq 50%) of the committee members have primary or secondary BioE affiliation? Condition met?

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University of Pittsburgh
Department of Bioengineering

Date: _____

Degree Program: _____

Student Name: _____

Student Signature: _____

Advisor Name: _____

Advisor Signature: _____

Dissertation Title: _____

| Committee Members: | Primary Academic Appointment and University: | Secondary Academic Appointment in Bioengineering if not Primary: | | Graduate Faculty Appointment |
|-----------------------|-------------------------------------------------|---------------------------------------------------------------------|-------|---------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| Chair | | Yes | No | |
| _____ | _____ | _____ | _____ | _____ |
| Chair (if applicable) | | Yes | No | |
| _____ | _____ | _____ | _____ | _____ |
| | | Yes | No | |
| _____ | _____ | _____ | _____ | _____ |
| | | Yes | No | |
| _____ | _____ | _____ | _____ | _____ |
| | | Yes | No | |
| _____ | _____ | _____ | _____ | _____ |
| | | Yes | No | |

Approved:

Graduate Coordinator Signature