



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 _____ **Date** _____

last first

_____ *address office/home phone*

Name Dept

Committee Members: _____
(Chair/Advisor)

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

When complete, please send form to:

*Dr. Richard E. Carson (richard.carson@yale.edu)
Nozomi Sumida (nozomi.sumida@yale.edu)
Please also CC your advisor.*