UNC | CAROLINA HEALTH INFORMATICS PROGRAM

REPORT OF COMPREHENSIVE EXAM COMMITTEE COMPOSITION

(**NOTE**: The Comprehensive Committee Composition form should be on file with CHIP Student Services **before** the Comprehensive Exam.)

Student's Name _____

PID# _____

Committee Member Names *(please print full names and list alphabetically)*	**Faculty Status** *(indicate rank, or dates, if fixed term)*
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Advisor(s):
(print name) _____

_____

Committee approved by :

_____ *(Date)*

_____ *(Director of Program)*

**Refer to CHIP Health Informatics PhD Handbook for policies about committee composition and role of advisor and chair.*

Submit form to CHIP Student Services when complete.