

College of Graduate Studies  
Medical University of South Carolina

**MASTER OF SCIENCE IN CLINICAL RESEARCH**

~ PLEASE TYPE OR PRINT LEGIBLY ~

**RECOMMENDATION FOR APPOINTMENT OF ADVISORY COMMITTEE**

The Department of \_\_\_\_\_ recommends the appointment of the following advisory committee for \_\_\_\_\_ and assures that sufficient funds will be available for completion of the student's research.

Name \_\_\_\_\_, *Advisory Committee Chairman*

Signature \_\_\_\_\_ (Dept.) \_\_\_\_\_

Name \_\_\_\_\_, *Research Mentor*

Signature \_\_\_\_\_ (Dept.) \_\_\_\_\_

*(Please print)*

Name \_\_\_\_\_ Signature \_\_\_\_\_ Dept \_\_\_\_\_  
Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Dept \_\_\_\_\_  
Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Dept \_\_\_\_\_  
Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Dept \_\_\_\_\_  
Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Dept \_\_\_\_\_  
Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MSCR Director

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean, College of Graduate Studies

**THE ADVISORY COMMITTEE - MASTER OF SCIENCE IN CLINICAL RESEARCH**

*The Advisory Committee, which is recommended by the major department and approved by the Graduate Council, shall consist of at least four members and all shall be members of the graduate faculty. The Advisory Committee Chairman will provide oversight to the committee.*

*The Advisory Committee should be appointed after a student has chosen a specialized area in his/her field and before completion of the first year of enrollment. In the interim, the student is advised by the MSCR Program Director.*