

## Advisory Committee for Genetic Counseling Program

### Key Requirements

- The Advisory Committee consists of at least five members, including the student's Advisor, chosen to assure representation by faculty members competent in the student's major area of research. Of those members,
  - At least one member's research interests must lie outside the student's major discipline\*
  - At least one member must be a certified genetic counselor from an academic institution
  - At least one member must have postgraduate degree in a specialty other than genetic counseling
  - At least one member must have extensive experience on GSBS student committees
  - Any one individual may satisfy one or more of these criteria
- The Advisor:
  - Must be an Associate or Regular Member of the GSBS Faculty

### Additional Considerations

- No more than two members may be non-GSBS faculty. To qualify as a voting committee member, they must have either faculty status at their home institution and/or be a certified genetic counselor at an academic institution. **Include an NIH-format biosketch for all proposed members who are not GSBS Faculty.**
- An individual does not meet these criteria but could provide expertise relevant to the student's project may serve, but as a sixth, non-voting member of the committee.

*\*The phrase "outside the student's major discipline" means someone who has had training and research experience in an area that is substantially different from that proposed by the student. For the Genetic Counseling program, the outside person may be a non-GSBS faculty member and has a voting role in the student's committee*

**Proposed Advisory Committee** *(Please Type)*

Name of Student: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Program Affiliation: GENETIC COUNSELING Member outside major discipline: \_\_\_\_\_

Description of student's research interests: \_\_\_\_\_

a) Name, Degree b) Dept. & Institutional Affiliation & Position c) Membership in GSBS Faculty (yes or no) d) Program Affiliation(s) (list all)	Member must affix hand-written Initial*	Area of Expertise (key words)
<b>Chair (Research Advisor)</b>  1. a) b) c) Membership in GSBS Faculty: <input type="checkbox"/> Yes <input type="checkbox"/> No d) Certified Genetic Counselor: <input type="checkbox"/> Yes <input type="checkbox"/> No e)		
2. a) b) c) Membership in GSBS Faculty: <input type="checkbox"/> Yes <input type="checkbox"/> No d) Certified Genetic Counselor: <input type="checkbox"/> Yes <input type="checkbox"/> No e)		
3. a) b) c) Membership in GSBS Faculty: <input type="checkbox"/> Yes <input type="checkbox"/> No d) Certified Genetic Counselor: <input type="checkbox"/> Yes <input type="checkbox"/> No e)		
4. a) b) c) Membership in GSBS Faculty: <input type="checkbox"/> Yes <input type="checkbox"/> No d) Certified Genetic Counselor: <input type="checkbox"/> Yes <input type="checkbox"/> No e)		
5. a) b) c) Membership in GSBS Faculty: <input type="checkbox"/> Yes <input type="checkbox"/> No d) Certified Genetic Counselor: <input type="checkbox"/> Yes <input type="checkbox"/> No e)		

*\*Initials indicate willingness to serve on student's committee*

**Approved:**

\_\_\_\_\_  
 Program Director (**required prior to submission to GSBS**) \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Associate Dean for Graduate Education (**will sign after submission to GSBS**) \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Chair, Academic Standards Committee (**will sign after ASC meeting**) \_\_\_\_\_  
 Date

**Submit completed form to [gsbs.reports@uth.tmc.edu](mailto:gsbs.reports@uth.tmc.edu)**