

Declaration of Advising Committee  
Doctorate in Health Informatics

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Print Primary Advisor/Chair-SBMI Faculty Name	Signature	Date
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Print Committee Advisor-SBMI Faculty Name	Signature	Date
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Print Committee Advisor-Organizational Advisor Name	Signature	Date
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Email Address (if Non UTH Faculty)

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Print Committee Advisor Name	Signature	Date
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Email Address (if Non UTH Faculty)

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Office of Academic Affairs Staff Member	Signature	Date
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\*\*Student must send original copy with signatures to be maintained in the student's file.