

## Graduate School of Biomedical Sciences

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## **MASTER'S THESIS DEFENSE REGISTRATION**

Return completed form to the Graduate School Office (Ann 5-206) at least <u>4 weeks</u> prior to Defense attn: Chrissie Kong We reserve the right to cancel the Defense if not given the appropriate notification

STUDENT INFORMATION						
Student Name ( As it appears in the Graduate School records and will appear on the Diploma) MTA:						
DEFENSE	Date:	Time:		Location:		
INFORMATION						
Dissertation Title		·				
(as accepted)						
Dloggo provide on	separate sheet of paper a list (full citation) of all papers published, in-press, or submitted. If you do not have a					
first authored paper in these categories, please indicate publication plans explicitly below:						
DISSERTATION DEFENSE COMMITTEE (PLEASE LIST)						
Committee Chair –Thesis Advisor:(type name below)			Department:			
Committee Member: (type name below)			Department:			
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FACULTY SIGNATURES:						
Thesis Advisor: (type name) Signature:						Date:
☐ I certify that no member of the Defense Committee has been a collaborator on the student's project						
Graduate School (type name) Signature:						Date:
STUDENT SIGNATURE						
						Date:

Registrar Processing : ☐ISIS