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MASTER'S THESIS APPROVAL FORM

STUDENT INFORMATION			
Student Name (as it will appear on diploma)			
Student Signature		Date:	
DEGREE PROGRAM (CHECK ONE)			
 Master of Science – Biomedical Science Master of Science – Clinical Research Master of Science – Genetic Counseling Master of Public Health 			
Thesis/Project Title:			
Approval Signature(s)			
The undersigned hereby concur this thesis has been read and accepted in partial fulfillment of the requirements of the Master's			
degree. Notes/Comments:			
notes, comments.			
1) Thesis Advisor:(type/print name below)	Signature:		Date:
2) Reader/Committee Member: (type name below)	Signature:		Date:
2) Reader/Committee Member: (type name below)	Signature:		Date:
2) Reader/Committee Member: (type name below)	Signature:		Date:
2) Reader/Committee Member: (type name below)	Signature:		Date:
FINAL SIGNATURE(S)			
Program Dean/Director: (type/print name below)	Signature:		Date: