



MOUNT SINAI SCHOOL OF MEDICINE GRADUATE SCHOOL OF BIOLOGICAL SCIENCES

Master's Thesis Defense Registration Form

Please Return This Form to The Graduate School Office (Annenberg 5-206). Att: Chrissie Kong

DETAILED INFORMATION ABOUT THIS EXAM CAN BE FOUND IN THE GRADUATE SCHOOL HANDBOOK

STUDENT NAME _____

(As it appears in the Graduate School records and will appear on the Diploma)

DEFENSE DATE _____ TIME _____ PLACE _____

THESIS TITLE _____

EXAM COMMITTEE MEMBERS (PLEASE LIST NAMES AND DEPARTMENTAL AFFILIATION). MINIMUM = 3 FACULTY, AT LEAST ONE MUST BE FROM A DEPARTMENT DIFFERENT FROM THE THESIS ADVISOR.

	Name	Department
Chair (Thesis Advisor)	_____	_____
Faculty	_____	_____
Faculty	_____	_____
Faculty	_____	_____
Faculty	_____	_____

PLEASE PROVIDE A LIST (FULL CITATION) OF ALL PAPERS PUBLISHED, IN PRESS, OR SUBMITTED. IF THE STUDENT DOES NOT YET HAVE A FIRST AUTHORED PAPER IN THESE CATEGORIES, PLEASE INDICATE PUBLICATION PLANS EXPLICITLY. Please provide this information, **typed**, on a separate sheet of paper.

Student Signature _____ Date _____

I certify that no member of the Defense Committee has been a collaborator on the student's project

Thesis Advisor _____ Signature _____ Date _____

Graduate School _____ Signature _____ Date _____

This form must be returned to the Graduate School Office at least 4 weeks prior to Exam (We reserve the right to cancel the Exam if not given the appropriate notification)

Grad School use only:		
Ann: <input type="checkbox"/>	Sem: <input type="checkbox"/>	Vot: <input type="checkbox"/>