



Graduate School of  
Biomedical Sciences

1 Gustave L. Levy Place  
Annenberg Building Room 5-206  
New York, NY 10029-6574  
Box 1022  
[www.mssm.edu](http://www.mssm.edu)  
E: [grads@mssm.edu](mailto:grads@mssm.edu)  
P: 212.241.0651  
F: 212.241.6546

## Thesis Proposal Registration Form

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

Att: Chrissie Kong

Box 1022

Please type

DETAILED INSTRUCTIONS FOR THE THESIS PROPOSAL CAN BE FOUND IN THE GRADUATE SCHOOL STUDENT HANDBOOK

Student \_\_\_\_\_

Dissertation Advisor \_\_\_\_\_ Training Area \_\_\_\_\_

Thesis Proposal Date & Time \_\_\_\_\_ Location \_\_\_\_\_

PROPOSAL TITLE: \_\_\_\_\_

COMMITTEE MEMBERS Please follow the instructions in the Graduate School Student Handbook.

1. Chairperson \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Should there be an outside person, please provide the address below.

This form MUST be returned to the Graduate School Office AT LEAST FOUR WEEKS PRIOR to the Thesis Proposal. We reserve the right to reschedule an Exam if not given proper notification

[We certify that no member of the Defense Committee has been a collaborator on the student's project].

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dissertation Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

MTA Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Grad School use only:

Annc:

Vote: