



Icahn  
School of  
Medicine at  
Mount  
Sinai

Graduate School of  
Biomedical Sciences

One Gustave L. Levy Place  
Annenberg Building Room 13-30  
Box 1257  
New York, NY 10029-6574

Phone: (212) 241-6691  
Facsimile: (212) 369-6013  
E-mail: Registrar@mssm.edu

## THESIS PROPOSAL VOTING FORM

Return completed form within two days of examination to the Graduate School Office Ann 5-206: (attn Chrissie Kong)

STUDENT INFORMATION		
Student Name	MTA:	
Thesis Advisor:		
APPROVAL SIGNATURE(S)		
<p><b>Instructions to committee:</b> Please select one of the options below, sign and date your decision, and return completed form to the student</p> <p>If there is a decision of unsatisfactory for the Proposal, or if revisions are required for the written document, then a memo must accompany this form indicating the conditions and deadline for the re-examination/revisions. Please consult the Graduate School Student Handbook for further details.</p> <p>All examiners must sign this form at the time of the Presentation. This form must be returned to the Graduate School Office within <u>two days</u> of the presentation.</p>		
<b>The undersigned have examined the above-named student and concur with the following decision:</b>		
Oral presentation of proposal:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Written presentation of proposal:	<input type="checkbox"/> No Revisions	<input type="checkbox"/> Revisions
Notes/Comments:		
1) Committee Chair:(type name below)	Signature:	Date:
2) Committee Member: (type name below)	Signature:	Date:
3) Committee Member:(type name below)	Signature:	Date:
4) Committee Member:(type name below)	Signature:	Date:
5) Committee Member:(type name below)	Signature:	Date:
6) Committee Member:(type name below)	Signature:	Date:
7) Committee Member:(type name below)	Signature:	Date: