

MASTER'S THESIS APPROVAL FORM

STUDENT INFORMATION		
Student Name (as it will appear on diploma)		
Student Signature	Date:	
DEGREE PROGRAM (CHECK ONE)		
<input type="checkbox"/> Master of Science – Biomedical Science <input type="checkbox"/> Master of Science – Clinical Research <input type="checkbox"/> Master of Science – Genetic Counseling <input type="checkbox"/> 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:		
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: