

DISSERTATION DEFENSE ANNOUNCEMENT
BIOINFORMATICS AND COMPUTATIONAL BIOLOGY PHD PROGRAM

Student Name _____ SID _____
Student Signature _____ Date _____
Research Advisor _____

Prior to submission of this form, the student **MUST** send an electronic copy of the dissertation title and abstract to the Graduate Coordinator.

BCB PhD Dissertation Defense Announcement Details:

Date: _____

Time: _____

Location: _____

Research Advisor: _____

Signatures:

Name

Signature

Research Advisor _____

Graduate Coordinator _____ Date _____

Note that the BCB Program Director does not need to sign this form.