

DISSERTATION PROPOSAL REPORT

BIOINFORMATICS AND COMPUTATIONAL BIOLOGY PHD PROGRAM

Student Name _____ SID _____

Student Signature _____ Date _____

Research Advisor _____

The above student completed the Proposal Defense on _____, with the following outcome:
(date)

	Pass	Fail
Outcome (check one)		
Check here if second failing grade		

Signatures:

Name

Signature

Committee Chair
(Research Advisor) _____

BCB Faculty _____

BCB Faculty _____

Additional Member
(if applicable) _____

Graduate School
Representative _____

BCB Program Director _____ Date _____

NOTE: Successful completion of the Dissertation Proposal Defense indicates that the Student and the Dissertation Committee have agreed upon the scope of research and accompanying plan. A copy of the title and abstract for the agreed upon dissertation must be attached to this form.