Print Form

Medical College of Wisconsin
GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

OUTLINE APPROVAL
DOCTORAL DISSERTATION / MASTER'S THESIS

Instructions: Complete and submit this form with your research proposal/outline to the Graduate School office prior to commencing significant research work. Please type the names of the committee members on this form and ask each member to sign in ink after the name to indicate approval.

STUDENT'S NAME:_____
LAST FIRST MIDDLE

DEGREE EXPECTED: PhD MA, MS, MPH, PHD

DEPARTMENT/PROGRAM: _____

APPROVAL OF DISSERTATION / THESIS ADVISOR:

_____
PRINTED NAME

_____
SIGNATURE DATE

APPROVAL OF PROGRAM DIRECTOR:

_____
PRINTED NAME

_____
SIGNATURE DATE

COMMITTEE MEMBERS:

Printed Name	Signature	Department/Institution

Approval: Dean of the Graduate School of Biomedical Sciences:

_____ _____
SIGNATURE DATE

(revised 2009)