Form #7

BASIC MEDICAL SCIENCES GRADUATE PROGRAM
REGISTRATION OF RESEARCH PROPOSAL

Student	Date	Advanced Program

Major Professor

Title of Research Proposal:

DISSERTATION COMMITTEE MEMBERS:

Major Professor	Department	Signature
Faculty Member	Department	Signature
Faculty Member	Department	Signature
Faculty Member	Department	Signature
Faculty Member	Department	Signature
Faculty Member	Department	Signature

AUTHORIZATION SIGNATURES:

Department Chair/Program Director	Date
Director, BMS Graduate Program	Date
Dean, Graduate School	Date