Form #3

BASIC MEDICAL SCIENCES GRADUATE PROGRAM
REGISTRATION OF RESEARCH DESCRIPTION
AND DISSERTATION COMMITTEE

(To be completed by end of 1½ years)

Student	Date	Advanced Program

Major Professor

Title of Research Description:

Objectives of Initial Research Efforts:

Attach one to two typed pages of initial research description.

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