



MEDICAL SCHOOL  
*Graduate Program in  
Biomedical Sciences*

### **Dissertation Committee Confirmation**

I, \_\_\_\_\_ request that the Graduate Program in Biomedical Sciences approve the following faculty members who have agreed to serve on my Dissertation Committee by signing below:

\_\_\_\_\_  
Dissertation Advisor and Chairman  
Dissertation Committee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dissertation Committee Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dissertation Committee Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dissertation Committee Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dissertation Committee Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_

\_\_\_\_\_  
Date