School of Systems Biology
10900 University Blvd., MS 5B3
Manassas, VA 20110

Graduate Committee Formation

Student Name (Please type) _____ Mason ID #_____

_____ **PhD Biosciences**

_____ **PhD Bioinformatics and Computational Biology**

_____ **MS Biology** (Circle One): THESIS or PROJECT

_____ **MS Bioinformatics and Computational Biology**: THESIS

Committee Members

Type Name - Chair	Signature	Date
Type Name - Co-Chair or Member	Signature	Date
Type Name – Member	Signature	Date
Type Name - Member	Signature	Date
Type Name – Member	Signature	Date

Department Approval

dsd

Type Name - Program Director	Signature	Date
Type Name - Director, School of Systems Biology	Signature	Date

Dean's Office Approval

COS Assistant Dean – Graduate Academic Affairs	Signature	Date