



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

Graduate Committee Formation

Student Name (Please type) _____ GMU 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

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