



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

_____ 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