



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

MS PROPOSAL APPROVAL

Student Name _____ Mason ID # _____

_____ **MS Biology** Concentration _____

_____ **MS Bioinformatics and Computational Biology**

_____ **MS Bioinformatics Management**

We, the undersigned, approve the attached proposal for a (circle one) **THESIS** or **PROJECT**
titled _____

Committee Approval:

Printed Name--Chair or Faculty Advisor Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Department Approval:

Graduate Program Director Date

Director, School of Systems Biology Date