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

PhD PROPOSAL APPROVAL

Student Name Mason ID #

**PhD Biosciences -** Concentration

**PhD Bioinformatics and Computational Biology**

Please attach copy of proposal and updated Program of Study that includes future 999 courses. We, the undersigned committee, approve the attached dissertation proposal titled:

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| **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  *Original: COS Graduate Academic Affairs* |  | *Copies: Student, Dept file* |  | Date |  |  |  |  |