



School of Systems Biology  
10900 University Boulevard, MS 5B3  
Manassas, Virginia 20110

## MS PROPOSAL APPROVAL

Student Name (please type) \_\_\_\_\_ ID # \_\_\_\_\_

MS Biology, Concentration \_\_\_\_\_

MS Bioinformatics and Computational Biology

MS Bioinformatics Management

We, the undersigned, approve the **attached proposal** (must be attached to be valid) for a

THESIS  PROJECT

titled \_\_\_\_\_

### Committee Approval:

\_\_\_\_\_  
Chair Signature Date

\_\_\_\_\_  
Co-Chair or Member Signature Date

\_\_\_\_\_  
Member Signature Date

### Department Approval:

\_\_\_\_\_  
Graduate Program Director Signature Date

\_\_\_\_\_  
Director, School of Systems Biology Signature Date