MEDICAL SCHOOL
Graduate Program in
Biomedical Sciences

Graduate Program in Biomedical Sciences
Dissertation Committee Confirmation

To the Assistant Dean:

I, _____ request that the Graduate Program in Biomedical Sciences approve the following faculty members who have agreed to serve on my Dissertation Committee by signing below:

_____ Dissertation Advisor, and Chairman, Dissertation Committee	_____ Signature
_____ Dissertation Committee Member	_____ Signature
_____ Dissertation Committee Member	_____ Signature
_____ Dissertation Committee Member	_____ Signature
_____ Dissertation Committee Member	_____ Signature
_____ Student Signature	Date: _____

Approved: _____ Date: _____

Health Sciences Center
1430 Tulane Ave., SL-56, New Orleans, LA 70112-2699 *tel* 504.988.5226 *fax* 504.988.3779
mcbpgm@tulane.edu