

**Master’s Thesis Outline and Committee**

Student’s Name: ID#: Date:

Program: with thesis Advisor’s Name:

Thesis Title:

**--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**Outline**: Use the space below to describe the scope of the thesis, the resource(s) of information and data, a statement of the problem and/or hypothesis, and the relevancy to current biomedical research, problems and issues.

Student’s Signature: Date:

Advisor’s Signature: Date:

**--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**Thesis Committee**

I have reviewed above named student’s Master’s Thesis plan and agree to serve on the student’s Master’s Thesis Committee

Name Department Signature

**--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**Approved by:**

Graduate Director’s Signature: Date: