

Graduate Program in Diagnostic Genetics and Genomics
MS Thesis Supervisory/Advisory Committee Approval
Due On or Before: 07/15/2021

Student Name _____

Project Title _____

The undersigned hereby acknowledge and accept the responsibility of serving on a MS-Thesis Project committee in the MD Anderson Cancer Center's Diagnostic Genetics and Genomics program with accordance to the MS Thesis Project guidelines. Use additional form if > 3 committee members.

Primary Research
Advisor/Chair

_____ print name and credentials */ **

_____ department

_____ signature

_____ date

Committee Member

_____ print name and credentials *

_____ department

_____ signature

_____ date

Committee Member

_____ print name and credentials **

_____ department

_____ signature

_____ date

Committee Member†

_____ print name and credentials **

_____ department

_____ signature

_____ date

Approved by the
Program Director

_____ print name and credentials

_____ signature

_____ date

* Must be a member of the School of Health Professions

** Committee members who do not have an appointment on the MD Anderson Cancer Center faculty, a Curriculum Vita must be submitted with this form.

† The committee must be composed of a minimum of three members.