



### Notification of Research Proposal

I hereby notify my intention to defend the Research Proposal entitled:

\_\_\_\_\_

\_\_\_\_\_

The defense has been scheduled for \_\_\_\_\_  
 (Hour, Month, Day, Year)

at the following location \_\_\_\_\_  
 (Building, Room Number)

The student must be registered for the semester in which the defense takes place.

I certify that I have properly disclosed all intellectual property (e.g. patentable inventions or copyrightable work) to the Graduate Program in Biomedical Sciences Office.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date (MM/DD/YY)

\_\_\_\_\_  
 Name Type or Print (Last, First Middle)

\_\_\_\_\_  
 Program (PhD/MS/MA)                      Research Interest

\_\_\_\_\_  
 Student ID number

#### Advisory Committee Endorsement:

1. Chair	_____	_____	_____	_____
	Type or print name	Department	Date (M/D/Y)	Signature
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Graduate Program in Biomedical Sciences Approval:

\_\_\_\_\_Approved \_\_\_\_\_Approved with Condition(s) \_\_\_\_\_Disapproved

Conditions/Reason(s) for disapproval:

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Graduate Program in Biomedical Sciences Representative (Assigned by the Graduate Program)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Graduate Program Administrator or  
Associate Dean for Research and Graduate Studies

\_\_\_\_\_  
Date (MM/DD/YY)

ORIGINAL: Graduate Program in Biomedical Sciences Office

Copy:       Student  
              Office of the Registrar  
              Advisory Committee Members