



Graduate School of Biomedical Sciences

The University of Texas Health Science Center at San Antonio

COMPOSITION OF SUPERVISING COMMITTEE MASTER OF SCIENCE DEGREE

Please TYPE all information. Submit this form with a computer file containing your proposal to the Office of the Graduate Dean. The computer file should be in RTF, HTML or PDF format.

Student Name

Graduate Program

TITLE OF RESEARCH:

SUPERVISING COMMITTEE:

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Department/Rank

Department Member (please type)

Department/Rank

Department Member (please type)

Department/Rank

Supporting Area Member (please type)

Department/Rank

Signature of COGS Chair

Date

APPROVED:

Signature, Associate Dean of the Graduate School

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