

Department of Bioinformatics and Computational Biology
Bioinformatics M.S. Research Proposal

Name: _____ Student ID: _____

Proposed M.S. Research:(check one): _____ Thesis _____ Project

Advisor: _____

Thesis Committee: _____

Thesis Committee: _____

Project or Thesis Title: _____

Abstract:

Proposal Accepted

Advisor: _____ Date: _____

Program Director: _____ Date: _____