



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE Touro College and University System

Graduate School of Basic Medical Sciences

DISSERTATION COMPLETION

*By completing this form, the Dissertation Advisory Committee indicates that the dissertation work of the student was reviewed and accepted to be completed, and **the student is approved to write and defend their dissertation**. Completing this form indicates the last meeting of the Dissertation Advisory Committee with the student. Completed form should be submitted to GSBMS Dean's office, with copies distributed to Dissertation Advisor and the student.*

Student Name: _____

Entry Cohort: _____ Category: IPP Adv. Stand. M.D./Ph.D.

Program: Biochemistry Cell Biology Microbiology
Pathology Pharmacology Physiology

Dissertation Title: _____

Date proposal accepted: _____

Estimated graduation term: May August December Year: _____

Dissertation Advisory Committee (with signatures):

1. _____
2. _____
3. _____
4. _____
5. _____

Dissertation Advisor (with signature):

Invited participants:

	<u>Name</u>	<u>Role (Program Director, etc.)</u>
1.	_____	_____
2.	_____	_____

Comments: