

University of Delaware
Center for Bioinformatics and Computational Biology

Results of the Master of Science Defense

*This completed form is to be submitted to the Program Director
within two weeks of the Master of Science defense.*

Student: _____

Defense Date: _____

Please check one of the following:

We recommend that the candidate be granted the Master of Science degree. If the Committee has attached any conditions to the recommendation, such as requiring that parts of the thesis be rewritten, the signing of the thesis by the Committee members will indicate that the conditions have been met.

We do not recommend that the candidate be granted the Master of Science degree at this time. Please indicate the reason(s) for this decision below or attach separately.

[Please type or print each committee member's name under signature line]

Advisor

Committee Member

Committee Member

Committee Member

Committee Member

Committee Member