

*Center for Bioinformatics and Computational Biology
The University of Delaware*

Master's Thesis Committee

Name of Student _____ Date Matriculated: _____

M.S. committees must have a total of three members, with at least two CBCB affiliate faculty.

1) Advisor: _____ Signature _____ Date _____

Other Members of the Committee:

2) Name: _____ Signature: _____ Date: _____

Primary Departmental Affiliation: _____

3) Name: _____ Signature: _____ Date: _____

Primary Departmental Affiliation: _____

4) Name: _____ Signature: _____ Date: _____

Primary Departmental Affiliation: _____

Please submit to Assistant Director upon completion.