

RESEARCH PROPOSAL APPROVAL FORM

The attached Master's thesis proposal has been submitted by

Print your name in the space above

Student Signature

Date

A student in the Master of Science Program in

Print the name of your program in the space above

The following persons have agreed to serve as members of the Thesis Committee and have found that the student has sufficient knowledge in the field to proceed with the proposed study toward completion if the Master's research thesis requirement.

SIGNATURES OF THESIS COMMITTEE MEMBERS

Print name above

Affiliation

Signature

Date

Print name above

Affiliation

Signature

Date

Print name above

Affiliation

Signature

Date

Print name above

Affiliation

Signature

Date

RECORD OF THESIS COMMITTEE MEETING



Meeting 1



Meeting 2



Meeting 3



Meeting ___

Student _____ Program _____

To the student:

- Have your committee members sign this form after the meeting
- After the meeting, prepare a 1 page summary including recommendations from your committee members. Have your thesis advisor initial the report
- Send this form, the initialed summary attachment, and your PowerPoint slide file to the MS Admin. Coordinator, Kathryn.Moran@jefferson.edu

Date of Committee Meeting: _____

Student Signature

Thesis Advisor's Signature

SIGNATURES OF THESIS COMMITTEE MEMBERS

Thesis Committee Member

Thesis Committee Member

Thesis Committee Member

JEFFERSON COLLEGE OF LIFE SCIENCES
THOMAS JEFFERSON UNIVERSITY

SIGNATURE SHEET

STUDENT _____

Candidate for the degree of

Master of Science

Has successfully completed the final copy of the Master's research thesis in the field of

	Biomedical Sciences
	Cell & Developmental Biology
	Forensic Biology
	Forensic Toxicology
	Human Genetics & Genetic Counseling
	Microbiology & Immunology
	Neuroscience
	Pharmacology

We have found that the candidate has successfully completed the requirements for the Master of Science Research Thesis thereby demonstrating knowledge of the skills needed to contribute to the scientific validation of their practice.

Name

Date

MILESTONE STAGE CONTRACT AND CHECKLIST

NAME: _____ Campus Key _____ Program _____

ACTIVITY	DATE	STUDENT INITIALS	ADVISOR INITIALS
Identify thesis advisor. NAME: _____ Affiliation: _____			
Identify members of the Thesis Committee 1. Thesis Advisor 2. _____ 3. _____			
Submit written proposal for thesis project			
Additional approvals as needed: Intellectual Property IACUC (Animal Use) IRB			
Oral presentation of thesis proposal to Thesis Committee			
Approval of thesis proposal			
Thesis Committee Meetings: (Email thesis documents to your Program Director and MS Admin. Coordinator - Kathryn.Moran@jefferson.edu immediately following each meeting)			
Meeting #1			
Meeting #2			
Meeting #3 (Defense of Thesis)			
Additional meeting date(s) as needed: _____			
Write thesis and rewrite thesis with advisor's help			
Revisions if necessary and Final Approval of Thesis by Committee			
Schedule Appointment MS Admin. Coordinator Kathryn.Moran@jefferson.edu to insure all records are current and all course requirements have been fulfilled			
Schedule date for final public thesis presentation (April, July, November)			
Submit abstract to MS Admin. Coordinator Kathryn.Moran@jefferson.edu (March 15th, June 15th, October 15th)			
Final Public Thesis Presentation			
Submit a final bound copy and PDF copy of thesis along with signature page to the MS Admin. Coordinator - Kathryn.Moran@jefferson.edu			