Bioengineering Interdisciplinary Graduate Program

Request for Approval of Thesis/Dissertation Committee

Date:	
Student Name:	
Email Address:	
Committee for the	owing faculty serve as members of the Thesis/Dissertation above named student. Please let me know at your earlies request has been approved.
2 3 4	
Faculty Advisor	Date
Approved: Dr. N	Mark Styczynski Date
	r return to Laura Paige, Room 1103, a.paige@bioengineering.gatech.edu)