



DREXEL UNIVERSITY  
Graduate School of  
**Biomedical Sciences  
and Professional Studies**  
*College of Medicine*

**THESIS/DISSERTATION COMMITTEE**

Student Name: \_\_\_\_\_ Program: \_\_\_\_\_

Email: \_\_\_\_\_

**Members of the Committee:**

\_\_\_\_\_  
Printed Name/Title                      Signature                      Date

\_\_\_\_\_  
Printed Name/Title                      Signature                      Date

\_\_\_\_\_  
Printed Name/Title                      Signature                      Date

**PhD Only:**

\_\_\_\_\_  
Printed Name/Title                      Signature                      Date

\_\_\_\_\_  
Printed Name/Title                      Signature                      Date

\_\_\_\_\_  
Printed Name of Program Director                      Date                      Signature of Program Director                      Date

\_\_\_\_\_  
Printed Name of Division Director                      Date                      Signature of Division Director                      Date

\_\_\_\_\_  
Student's Signature                      Date

\*Please keep a copy of this form for your records and also send one to the office of the Division of Biomedical Science Programs