

TO: _____, Advisor Candidate: _____
I.D.#: _____

ADVISOR'S REPORT

Date: _____

PROGRAM: Master of Science in Medical Research:

Hours Completed in : Required Courses: _____ Elective Courses: _____ Total: _____

ADVISOR'S RECOMMENDATION FOR MASTER'S THESIS EXAMINATION

EXAMINERS:

(Print Names) _____, Advisor

The following section is for Office Use ONLY

REPORT ON THESIS

Notice is hereby given that the essay submitted by the above named student has been reviewed.

Check here and sign below to indicate that a **Unicheck** review of this thesis has been conducted by the Graduate Programs Office with satisfactory results.

Advisor

It is hereby certified on the basis of the student's command of knowledge in his/her core and related fields, and the substantial and acceptable character of the thesis, that this student

Satisfactorily passed the Master's Thesis

Did NOT satisfactorily pass the Master's Thesis

Date: _____

Grade: _____

Remarks/Recommendations :

Committee Members' Signatures:

Advisor

Committee Member

Committee Member

Graduate Programs Office Approvals: _____, Director, BMS /MR Program

_____, Program Coordinator