

DEPARTMENT OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES

Research Proposal Approval

DATE: _____

The following is to certify that the research proposal submitted by _____
is approved by the Advisory Committee.

Advisory Committee

Chair _____	_____
Name (print)	Signature

Member _____	_____
Name (print)	Signature

Member _____	_____
Name (print)	Signature

Member _____	_____
Name (print)	Signature

Member _____	_____
Name (print)	Signature