UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

GRADUATE PROGRAM IN LIFE SCIENCES

Program in Neuroscience

Thesis Proposal

Student Name:_____**Proposal Date:** _____

Title of Research Proposal:

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Thesis Committee Members

	Name	**Signature**
1.	_____	_____
	Committee Chair	
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____

Recommendations:

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(Provide additional pages as required)

Graduate Program Director Signature:_____

Please print this form and return it to Jenn McFarland