



**GRADUATE SCHOOL OF  
BIOMEDICAL SCIENCES**

at New Jersey Medical School

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CERTIFICATION OF COMPLETION OF REQUIREMENTS FOR A  
Concentration in Bioinformatics

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The student listed below has completed all requirements for the designation of a Concentration in Bioinformatics. **Note: transcript must be presented**

Student's Name: \_\_\_\_\_

Student ID: A00\_\_\_\_\_

**~ M.S. candidate has successfully completed 12 credit hours of Bioinformatics Courses and the Core Curriculum.**

**~ Ph.D. candidate has successfully completed the Bioinformatics Core Curriculum including appropriate Research and Electives for a total of 18 credit hours.**

**THE INFORMATICS INSTITUTE OF UMDNJ**

The transcript has been reviewed and the concentration is approved by:

**Name:** Bruce Byrne, Ph.D.  
**Title:** Associate Director for Education

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please submit completed form to:

**Nadine Stevens  
Program Supervisor  
ADMC/Suite 110  
NWK Campus**