



UMDNJ-Graduate School of Biomedical Sciences

Master of Science Thesis Continuation Registration Approval Form

Student's Name: _____

Thesis Advisor/Mentor Name: _____

Date Thesis Advisory Committee Approved _____ 20__

Number of credits approved for registration: _____ Semester: _____ 20__

Progress of Thesis: Satisfactory Unsatisfactory

Mentor's Comments and Recommendations

(Please describe activities planned for thesis work during the coming semester):

By signing below, the mentor and student certify that the student will be conducting thesis research commensurate with the number of credits approved for the semester.

Mentor/Thesis Advisor Signature

Date

Student Signature

Date

GSBS Associate Dean Signature

Date