

Graduate Bioengineering Dissertation Committee Approval Form
 University of Pittsburgh
 Department of Bioengineering

Date: _____

Degree Program: _____

Student Name: _____

Student Signature: _____

Advisor Name: _____

Advisor Signature: _____

Dissertation Title: _____

Committee Members:	Primary Academic Appointment and University:	Secondary Academic Appointment in Bioengineering if not Primary:		Graduate Faculty Appointment
_____	_____	_____	_____	_____
Chair		Yes	No	
_____	_____	_____	_____	_____
		Yes	No	
_____	_____	_____	_____	_____
		Yes	No	
_____	_____	_____	_____	_____
		Yes	No	

Approved:

 Graduate Coordinator Signature