

**TRANSLATIONAL SCIENCE Ph.D. PROGRAM**

**RESEARCH PROPOSAL APPROVAL**

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| **STUDENT:** |  | **REVIEW DATE:** |  |
| **RESEARCH PROPOSAL TITLE:** |  |

**Signatures below affirm the student’s Written and Oral Research Proposal was appraised and approved by the Dissertation Committee members.**

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| **SUPERVISING PROFESSOR** |  |
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