



GRADUATE SCHOOL OF
BIOMEDICAL SCIENCES

**Advisory Proposal Meeting Cover Letter
(Doctoral Students only)**

Student's Name _____

Mentor's Name _____

Department _____

Date of Meeting _____

Advisory Proposal Meeting Report should, at minimum, address the following:

- Knowledge
- Writing
- Scientific Design and Specific Aims
- PowerPoint Presentation

For a sample letter, please go to: <https://gsbs.rowan.edu/student-resources/registrar/forms>

“I agree to the contents of the attached Advisory Proposal Meeting Report.”

Approved Thesis Advisory Committee Members:

Name (please print)

Signature

Committee Chair

Committee Chair

Department Chair: _____ Date _____

Senior Associate Dean: _____ Date _____