

**REPORT OF THE THESIS DEFENSE FOR THE DEGREE OF DOCTOR OF PHILOSOPHY IN
COMPUTATIONAL & SYSTEMS BIOLOGY**

Student Name: _____
Last First MI KGI ID Number

Student Address: _____

Faculty Name	Signature	Approved for Degree	
_____ Chair	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Committee Member	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Committee Member	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Committee Member	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Committee Member	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The final examination and dissertation are Unanimously Not unanimously approved, and the candidate is Recommended Not recommended **for the award of the degree of Doctor of Philosophy in Computational & Systems Biology.**

PhD Program Coordinator, KGI Date PhD Program Coordinator, CGU Date

Dissertation Title: _____

Conferral of Degree is recommended as of: _____

Dean of Students, KGI Date Dean of Mathematical Sciences, CGU Date

Distribution: KGI Dean of Students CGU Dean of Students CGU SMS Department Chair Student