WAKE FOREST UNIVERSITY
GRADUATE SCHOOL of ARTS & SCIENCES

PROJECT PLAN – FINAL RESULTS

Biomedical Sciences – MS
Bowman Gray Campus

Student Name: _____

Project Title: _____

_____

_____

Date of Completion: _____

Result of Examination:

____ Pass

____ Fail

Examining Committee: (NOTE: Must be Graduate Faculty Members)

Chair: _____

Advisor: _____

Committee: _____

_____

_____ _____
Signature of Advisor Date

_____ _____
Signature of Program Director Date

RETURN COMPLETED FORM TO: Denise Wolfe, Graduate School Office | dewolfe@wakehealth.edu