

# University of Arkansas at Little Rock Graduate School

2801 South University Ave., Little Rock, AR 72204-1099

## REPORT OF PH.D. PROPOSAL DEFENSE AND CANDIDACY EXAMINATION

Check here if this form amends or supersedes one submitted earlier.

To: Dean of UA Little Rock Graduate School

From: \_\_\_\_\_  
(Student name and T-number)

\_\_\_\_\_  
(Street address, city, state, zip code)

Major code: **BIOINFORMATICS**

Proposed Title of Ph.D. Dissertation: \_\_\_\_\_  
\_\_\_\_\_

Report by Ph.D. Dissertation/Research Advisory Committee:

Exam Failed       Exam Passed

Recommendations (use additional pages if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Faculty Committee Members:

1. Advisor: \_\_\_\_\_ Signature: \_\_\_\_\_

2. \_\_\_\_\_ Signature: \_\_\_\_\_

3. \_\_\_\_\_ Signature: \_\_\_\_\_

4. \_\_\_\_\_ Signature: \_\_\_\_\_

5. External: \_\_\_\_\_ Signature, optional: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Copies submitted to Advisor, Bioinformatics Program Director, Graduate Dean, and Registrar.*