



MS Biomedical Sciences Capstone Mentor Selection Form

Student Name: _____

PID: _____

Program: _____

I have selected the following faculty as my capstone mentor:

Faculty Name	Faculty Signature	Date
(Chair)		
Approved by: Dr. Saleh Naser (Program Coordinator)		

Please select your committee members, collect their signatures and return the original form to the program office. Note: The Program Office will obtain Dr. Naser's signature for you.