

ADVISORY COMMITTEE APPROVAL FORM FOR M.S. IN BIOLOGY

(Form I)

Date: _____

Student Name: _____

Thesis/Capstone Title (if known):

Major Advisor: _____
(Printed name) (Signature)

Advisory Committee Members:

(Printed name) (Signature)

(Printed name) (Signature)

(Printed name) (Signature)

Form I is to be submitted to the Dean of the Jackson College of Graduate Studies and the Biology Graduate Program Advisor.