

### Graduate Program in Biology

### MS Comprehensive Examination INTENT Form

**This form must be submitted before the end of the 3<sup>rd</sup> semester and at least 14 days before the exam. If re-examination is required, this form must be resubmitted.**

I hereby declare my intention to take the Comprehensive Examination for the MS degree in Biology.

SEMESTER: \_\_\_\_\_

YEAR: \_\_\_\_\_

CONDITIONS OF EXAM (time limits, location, etc.)

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Administered by:  Full Committee (preferred)  Portion of Committee  Non-committee member(s)

Test to be administered by:

_____ Name	_____ Signature	_____ Date
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_____ Name	_____ Signature	_____ Date
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_____ Name	_____ Signature	_____ Date
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_____ Name	_____ Signature	_____ Date
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_____ Name of Student	_____ Signature of Student	_____ Date
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_____ Program Director	_____ Signature of Program Director	_____ Date
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