

MS Thesis Approval Form
Molecular Biosciences Program, Master of Science Degree

Student's Name _____ has completed their thesis in Molecular Biosciences. Completion of this form certifies that this student has satisfied all requirements for the Master of Science degree in Molecular Biosciences and may submit their thesis to the Graduate School.

Research Advisor (print) Signature Date

Committee Member (print) Signature Date

Committee Member (print) Signature Date

Committee Member (print) Signature Date

Committee Member (print) Signature Date

Committee Member (print) Signature Date

Committee Member (print) Signature Date

As acknowledged by the research advisor, advisory committee members and faculty associated with the Molecular Biosciences Program, this student is hereby recommended for graduation with a Master of Science Degree in Molecular Biosciences.

Student (print) Signature Date

Program Director (print) Signature Date

Dean, CSM (print) Signature Date

Dean, Graduate School (print) Signature Date