

**COMPLETION OF DEPARTMENTAL REQUIREMENTS FOR THE MASTER OF  
SCIENCE DEGREE**

(Candidate to complete four copies ready for signatures)

Student's Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Thesis Option (check one)    Thesis: \_\_\_    Non-Thesis: \_\_\_

**A. Completion of Thesis Option Requirements**

Title of Thesis:

\_\_\_\_\_

Date of Successful Thesis Defense: \_\_\_\_\_

**B. Completion of Non-Thesis Option Requirements**

Title of Manuscript: \_\_\_\_\_

Name of Journal for which Manuscript was completed: \_\_\_\_\_

Date of Passing Oral Examination: \_\_\_\_\_

We the undersigned attest that the above named student has satisfactorily completed the requirements for graduation in the Biological Sciences Department Master's Degree Program.

Major Professor and Chair of the Student's Advisory Committee

\_\_\_\_\_

Date \_\_\_\_\_

Members of the Advisory Committee

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Departmental Graduate Advisor

\_\_\_\_\_

Date \_\_\_\_\_

Distribution by Departmental Graduate Advisor

The Graduate College (or Registrar's Office, Graduation Auditing for Non-Thesis Option)

Major Professor

Student

Biological Sciences Office