M.S. PLAN B Department of Biology

				Date:	
1. Compreh	iensive Exai	mination			
Major Fiel	d:				
Other Area	as:				
2. Oral Exa	mination R	esults *			
2. Oral Exa Comprehe Examination	nsive		of Proposal	Signature of Committee	
Comprehe	nsive		of Proposal Fail	Signature of Committee Printed & Signed	
Comprehe Examination	nsive on	Defense o			
Comprehe Examination	nsive on	Defense o		Printed & Signed	

Chair of Examining Committee (Printed & Signed)

^{*}Two or more failure votes constitute failure on a portion of the exam

M.S. PLAN B Department of Biology

14						
1.	Comprehens	sive Exar	nination			
	Major Field: _					
	Other Areas: _					
	_					
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2.	Oral Examin	nation Re	esults *			
2.				of Proposal	Signature of Committee	
2.	Oral Examination			of Proposal	Signature of Committee	
2.	Comprehensiv			of Proposal Fail		2
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2.	Comprehensiv Examination	re	Defense	•		
2.	Comprehensiv Examination	re	Defense	•	Printed & Signed	

Chair of Examining Committee (Printed & Signed)

^{*}Two or more failure votes constitute failure on a portion of the exam



Final Certification for the Master's Degree: Plan B

Master's degree under Plan B.	ompleted all the requirements for the
Name	_ SID
Program	
Number of coursework hours required for the degree	
Completed Requirements	
Date of comprehensive examination	
Date of Project Approval (if a project is required)	
Research Advisor Certification	
The undersigned certifies that the aforementioned student has complete	ed all degree requirements.
Advisor	Date
Chair's Certification for Degree Completion The undersigned certifies that the aforementioned student has satisfied recommended for the Master's degree.	all departmental requirements and is
Department Chair	Date
Dean of Graduate Studies Certification The undersigned certifies that the aforementioned student has satisfied	all requirements for the Master's degree.
Dean of Graduate Studies	Date



Final Certification for the Master's Degree: Plan B

This document is to certify that the following student has successfully completed all the requirements for the Master's degree under Plan B. Name ______ SID _____ Program _____ Number of coursework hours required for the degree _____ Completed Requirements Date of comprehensive examination Date of Project Approval (if a project is required) Research Advisor Certification The undersigned certifies that the aforementioned student has completed all degree requirements. Advisor ______ Date ____ Chair's Certification for Degree Completion The undersigned certifies that the aforementioned student has satisfied all departmental requirements and is recommended for the Master's degree. Department Chair _____ Date _____ Dean of Graduate Studies Certification The undersigned certifies that the aforementioned student has satisfied all requirements for the Master's degree. Dean of Graduate Studies ______ Date _____