

**M.S. PLAN B**  
Department of Biology

Student: \_\_\_\_\_  
I.D.# \_\_\_\_\_

Date: \_\_\_\_\_

**1. Comprehensive Examination**

Major Field: \_\_\_\_\_

Other Areas: \_\_\_\_\_

\_\_\_\_\_

**2. Oral Examination Results \***

Comprehensive  
Examination

Pass

Fail

Defense of Proposal

Pass

Fail

Signature of Committee

\_\_\_\_\_  
Printed & Signed

\_\_\_\_\_  
Printed & Signed

\_\_\_\_\_  
Printed & Signed

\_\_\_\_\_  
Printed & Signed

**1. Committee Recommendation:** \_\_\_\_\_

\_\_\_\_\_  
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

Student: \_\_\_\_\_

Date: \_\_\_\_\_

**1. Comprehensive Examination**

Major Field: \_\_\_\_\_

Other Areas: \_\_\_\_\_

\_\_\_\_\_

**2. Oral Examination Results \***

Comprehensive  
Examination

Pass

Fail

Defense of Proposal

Pass

Fail

Signature of Committee

\_\_\_\_\_  
Printed & Signed

\_\_\_\_\_  
Printed & Signed

\_\_\_\_\_  
Printed & Signed

\_\_\_\_\_  
Printed & Signed

**1. Committee Recommendation:** \_\_\_\_\_

\_\_\_\_\_  
Chair of Examining Committee (Printed & Signed)

\*Two or more failure votes constitute failure on a portion of the exam



SCHOOL OF  
GRADUATE STUDIES

CASE WESTERN RESERVE  
UNIVERSITY

## 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 \_\_\_\_\_



SCHOOL OF  
GRADUATE STUDIES  
**CASE WESTERN RESERVE**  
UNIVERSITY

## 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 \_\_\_\_\_