

**Graduate Program in Biology**  
**MS (Thesis) DEFENSE RESULT AND THESIS APPROVAL Form**

**Note to Committee:** If the student passed the defense but needs to incorporate suggested revisions into the thesis, this form SHOULD NOT be submitted until the thesis is satisfactorily completed.

Student's Name: \_\_\_\_\_ (print) defended his/her MS Thesis on \_\_\_\_\_ (date).

The results of the closed-door thesis defense examination (only) are:

**Examination of MS**                            Pass            Fail

\_\_\_\_\_  
Research Advisor (print)                      Signature                      Date

\_\_\_\_\_  
Committee Member (print)                      Signature                      Date

\_\_\_\_\_  
Committee Member (print)                      Signature                      Date

\_\_\_\_\_  
Additional Member (print)                      Signature                      Date

\_\_\_\_\_  
Additional Member (print)                      Signature                      Date

\_\_\_\_\_  
Program Director (print)                      Signature                      Date

\_\_\_\_\_  
Dean, CSM (print)                      Signature                      Date

MS Advisory Committee's suggested course of action to rectify any perceived deficiency:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of the Student                      Date

As acknowledged by the research advisor, advisory committee members, and faculty associated with the Graduate Program in Biology, this student is hereby recommended for graduation with a Master's Degree in Biology.

This form should be sent to the Registrar's Office for permanent recordkeeping.