

MCB 191 Senior Thesis Approval Form

*** TO BE SUBMITTED TO THE MCB UAO AT 3060 VLSB BY THE LAST WEEKDAY OF FINAL EXAMS***

Please attach a copy of your senior thesis to this form.

Name: _____ SID: _____

Emphasis: BMB CDB GG&D IMMUNOLOGY NEUROBIOLOGY

Email Address: _____ Primary Phone: _____

Lab P.I. Name: _____ MCB Sponsor Name: _____

Thesis Title: _____

By signing you confirm that you have completed and submitted your senior thesis.

Student Signature: _____ Date: _____

***** TO BE COMPLETED BY FACULTY *****

By signing below, you are indicating that this student has completed and submitted a senior thesis.

Lab P.I. Approval: _____ Date: _____

MCB Sponsor Approval: _____ Date: _____

***** MCB LAB SUBSTITUTION*****

If the student was not pre-approved for lab substitution, please skip this section

By signing below, you are indicating that the student has completed the intended work laid out in their substitution request, that you have read and given feedback on the attached thesis, and that the student's senior thesis is representative of the work this student has done in your lab.

Lab P.I. Approval: _____ Date: _____

UAO USE ONLY

UCB GPA:

MCB GPA:

UD GPA: