MCB Honors Thesis Approval Form

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

Name: _______________________________ SID: __________________________

Emphasis:  BMB  CDB  GG&D  IMMUNOLOGY  NEUROBIOLOGY

Email Address: _______________________________ Primary Phone: ______________

Lab P.I. Name: ____________________________ MCB Sponsor Name: ______________________

Thesis Title: ____________________________________________

Thesis Abstract
May be attached on a separate page

Presentation Event: Divisional Symposium Poster Session Other*: __________________________

*NEEDS HEAD EMPHASIS ADVISOR APPROVAL

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

By signing below, you are indicating that this student has fulfilled the honors presentation requirement and has completed and submitted a thesis of honors quality.

Lab P.I. Approval: ____________________________ Date: _________________

MCB Sponsor Approval: ____________________________ Date: _________________

UOA USE ONLY

UCB GPA:  MCB GPA:  UD GPA: