

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: _____

UAO USE ONLY

UCB GPA:

MCB GPA:

UD GPA: