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: ________________________________