

# MCB Lab Substitution Research Report Approval Form

**Return signed form and research report to MCB UAO**  
**Deadline:** Friday of RRR week of students graduating semester.

Name: \_\_\_\_\_ SID#: \_\_\_\_\_

Emphasis: \_\_\_\_\_ Email: \_\_\_\_\_

Research Report Title: \_\_\_\_\_

## Required Signatures:

**Student:** By signing you confirm that the attached research report is representative of the work you have done and has fulfilled the conditions of your substitution.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Research Lab P.I.:** By signing you confirm that the student has completed the intended work laid out in their substitution request, that you have read and given feedback on the attached report, and that the student's research report is representative of the work this student has done in your lab.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date