MCB Honors Thesis Approval Form

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

***Please attach a copy of your honors 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: __________________________________________

Presentation Event: Divisional Symposium Poster Session Other*: __________________

*NEEDS HEAD EMPHASIS ADVISOR APPROVAL

By signing you confirm that you have fulfilled the honors presentation requirement and completed and submitted a thesis of honors quality.

Student Signature: ____________________________ Date: ______________

************************* 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: ______________

************************* 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 honors 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: