**Project Approval Form**



The signatories of the committee below indicate that they have read and approved the project of <your full legal name> in partial fulfillment of the requirements for the degree of Master of Biology.

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<name of thesis advisor> , Thesis committee chair Date

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<name of member>, Committee member Date

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<name of member>, Committee member Date

Accepted and approved on behalf of the   
Biology Graduate Program

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Director of Biology Graduate Program

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date