

Thesis Approval Form



**MASTER'S OF SCIENCE DEFENSE APPROVAL**

The Master's Program in Neurobiology Certifies that

\_\_\_\_\_

First Name	Middle Initial	Last Name
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has presented a satisfactory master's thesis defense to a Neurobiology MS faculty committee.

Thesis Title:

\_\_\_\_\_  
\_\_\_\_\_

Typed Name	Signature	Department
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_____	_____	_____
Faculty Advisor		

_____	_____	_____
Graduate Faculty Committee Member		

_____	_____	_____
Graduate Program Representative		WCAS Neurobiology

Date: \_\_\_\_\_