

# Matriculation Approval

Department of Biological Sciences  
Guidance Committee

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**TO BE COMPLETED AFTER MEETING TO DISCUSS MATRICULATION.**

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

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

This is to certify that the Guidance Committee of the above named student has approved matriculation. The Guidance Committee recommends the student

\_\_\_ **COMPLETE**    \_\_\_ **NOT COMPLETE**    the MS degree. *(Please check one)*

## Guidance Committee Signatures

Signature (Advisor): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

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

Print Name: \_\_\_\_\_