

Matriculation Approval

Department of Biological Sciences
Guidance Committee

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 circle one**)

Guidance Committee Signatures

Signature (Advisor): _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____