FACULTY ACCEPTANCE FORM
Graduate and other programs
Department of Biological Sciences
San Jose State University

The student should take this completed form and any attachments to the department office (DH-254) where copies can be made, one for the student and one for the major professor. Give the original form to the department’s Graduate Coordinator.

Date: _________________

I (print)________________________________________________ (Major Professor)

Accept ___________________________ (SJSU id# _____________)

As a Classified Graduate Student _____
or
Conditionally Classified Graduate Student ______
Conditional acceptances, Major Professor should list below the conditions of acceptance:

Student signature __________________________________ (only for conditional acceptance)

Indicate which program in the department will be pursued by this student:

____ M.A. Biological Sciences (Plan B)
____ M.S. Biological Sciences, conc. Ecology and Evolution (Plan A)
____ M.S. Biological Sciences, conc. Molecular Biology and Microbiology (Plan A)
____ M.S. Biological Sciences, conc. Physiology (Plan A)
____ M.B.T., Master of Biotechnology, A Professional Master’s in Biotechnology
____ Clinical Laboratory Scientist Training Program (CLS)

Signature (Major Prof./Program Director)_____________________________________________________

STUDENT INFORMATION:
Students: if you do not want your name and degree posted on the depart. web page, check this box [ ]

Street Address City Zip

Phone numbers Email Address
Permanent address/contact (if different than above):