

FACULTY ACCEPTANCE FORM PLAN A OR B

The student should take this completed form and any attachments to the department office where copies will be made and forwarded to the student, the major advisor and the graduate coordinator.

Students: If you do not want your name and degree posted on the departmental web page, check this box ().

Date: _____

I _____ (Major Advisor)

Accept _____ SS# _____

As a Classified Graduate Student _____

Or

A Conditionally Classified Graduate Student _____

Conditional acceptances should attach a statement signed by both the student and the major advisor which specifies the conditions of acceptance.

Indicate which Graduate Program in Biological Sciences will be pursued:

_____ M.A. (Plan B) Program -- Biological Sciences

_____ M.S. (Plan A) Program -- Physiology

_____ M.S. (Plan A) Program -- Molecular Biology and Microbiology

_____ M.S. (Plan A) Program -- Organismal Biology, Ecology, and Conservation

_____ M.B.T. Program -- Professional Masters in Biotechnology

_____ Clinical Laboratory Sciences Program

STUDENT INFORMATION:

Street Address	City	Zip
()	Phone	E-mail address

Permanent address/contact
If different than above: