

The University of Mississippi

Dissertation Prospectus Approval Form

DEPARTMENT OF BIOLOGY

University, MS 38677

Phone: (662) 915-7203 Fax: (662) 915-5144

Name: _____

Degree Program: Ph.D.

Title: _____

COMMITTEE SIGNATURES:

| | | |
|---------------------|---|---------------|
| _____ | _____ | _____ |
| (Print Name) | (Committee Director - Signature) | (Date) |

| | | |
|---------------------|---------------------------------------|---------------|
| _____ | _____ | _____ |
| (Print Name) | (Committee Member - Signature) | (Date) |

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| _____ | _____ | _____ |
| (Print Name) | (Committee Member - Signature) | (Date) |

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| _____ | _____ | _____ |
| (Print Name) | (Committee Member - Signature) | (Date) |

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|---------------------|---------------------------------------|---------------|
| _____ | _____ | _____ |
| (Print Name) | (Committee Member - Signature) | (Date) |

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|---------------------|---------------------------------------|---------------|
| _____ | _____ | _____ |
| (Print Name) | (Graduate Program Coordinator) | (Date) |

***A pdf version of approved prospectus must accompany this form.**