

The University of Mississippi

Thesis Prospectus Approval Form

DEPARTMENT OF BIOLOGY

University, MS 38677

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

Name: _____

Degree Program: M.S.

Title: _____

COMMITTEE SIGNATURES:

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

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

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

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