

MCB Honors Thesis Approval Form

*** TO BE SUBMITTED TO VIA GOOGLE FORM BY THE LAST WEEKDAY OF FINAL EXAMS***

INSTRUCTIONS TO BE EMAILED.

Name: _____ SID: _____

Emphasis: BBS CDP GGED IMM MTX NEUROBIOLOGY

Email Address: _____

Lab P.I. Name: _____ MCB Sponsor Name: _____

Thesis Title: _____

Presentation Event: Divisional Symposium Poster Session Other*: _____
*NEEDS HEAD EMPHASIS ADVISOR APPROVAL

By signing you confirm that you have fulfilled the honors presentation requirement and completed and submitted a thesis of honors quality.

Student Signature: _____ Date: _____

***** TO BE COMPLETED BY FACULTY *****

By signing below, you are indicating that this student has fulfilled the honors presentation requirement and has completed and submitted a thesis of honors quality.

Lab P.I. Approval: _____ Date: _____

MCB Sponsor Approval: _____ Date: _____

***** MCB LAB SUBSTITUTION*****

If the student was not pre-approved for lab substitution, please skip this section

By signing below, you are indicating that the student has completed the intended work laid out in their substitution request, that you have read and given feedback on the attached thesis, and that the student's honors thesis is representative of the work this student has done in your lab.

Lab P.I. Approval: _____ Date: _____

UAO USE ONLY

UCB GPA:

MCB GPA:

UD GPA: