

PLAGIARISM FORM

NAME (LAST, FIRST, MIDDLE INITIAL):

PRINT

CONCENTRATION (CIRCLE ONE): **IB** **IB-N** **IB-ES**

SEMESTER, YEAR ENTERED IB/IB-N/IB-ES: _____

PH.D. SUPERVISORS NAME: _____

PH.D. SUPERVISORS DEPARTMENT/INSTITUTION:

I, THE UNDERSIGNED HAVE READ AND UNDERSTAND THE PLAGIARISM HANDOUT PROVIDED TO ME BY THE INTEGRATIVE BIOLOGY PH.D. PROGRAM. I UNDERSTAND THAT FAILURE TO OPERATE WITH ACADEMIC AND RESEARCH INTEGRITY MAY BE GROUNDS FOR DISMISSAL FROM THE IB PH.D. PROGRAM. I AM AWARE THAT A COPY OF THIS DOCUMENT WILL BE MAINTAINED WITHIN MY STUDENT FILE.

SIGNATURE: _____

DATE (MM/DD/YY): _____