

Graduate Student Biology Faculty Advisor Verification Form

To: Graduate Committee

DATE: _____

I have agreed to be the Faculty advisor for:

Please print student name

Faculty advisor name: _____
Print name

Faculty advisor signature: _____

Semester: **Fall** _____ **Spring** _____

Masters Degree Options: Please check one of the following.

_____ **Masters Thesis**

_____ **BS/MS Bachelor of Science/Masters of Science (for Molecular Biology/
Biotechnology Students 5 year program)**

_____ **PSM (Professional Science Masters in the Business of Biotechnology)**

_____ **MS (Non-Thesis Option #1)**

_____ **MST (Non-Thesis Option #2)**