

# MCB Honors Thesis Approval Form

\*\*\* TO BE SUBMITTED TO THE MCB UAO BY THE LAST WEEKDAY OF FINAL EXAMS\*\*\*

\*\*\*Please attach a copy of your honors thesis to this form.\*\*\*

Name: \_\_\_\_\_ SID: \_\_\_\_\_

Emphasis:    BMB                    CDB                    GG&D                    IMMUNOLOGY                    NEUROBIOLOGY

Email Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

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: