DEPARTMENT OF BIOLOGY

DECLARATION OF FACULTY ADVISOR

I hereby officially request that Dr	be my
Faculty Advisor and Chair of my Gradu	ate Committee.
Graduate Student - signature	Date
Printed name	
I hereby agree to serve as Faculty Advis	sor and assume advising responsibility for this student
Faculty Member - signature	Date
Printed name	
for Full Graduate Standing, or is on scho	graduate student has completed all of the requirements edule to complete them this semester, and acknowledge ty to the named faculty member as the student's
Graduate Liaison - signature	Date
Printed name	