



Department of Integrative Biology
MSc RESEARCH PROPOSAL FORM

Student Name:

Student ID Number:

Degree:

Meeting Date:

Advisor:

Co-advisor:

Please return this form to the Integrative Biology Program Assistant, Lori Ferguson in SSC2483, College of Biological Science.

The members listed below are the Advisory Committee for the above-named candidate, certify by their signature that the research proposal has been presented and is:

Name	Signature	Date	Acceptable	Not Acceptable

**** Department of Integrative Biology ONLY:**

Date Received:

All Grads File:

Concerns: Yes / No

Received by: