**Graduate Oral Exam/Thesis Proposal Defense**

**Department of Biology**

**University of Wisconsin-La Crosse**

Student Name: **Click or tap here to enter text.** Student ID #: **Click here.**

The Oral Preliminary Examination for the Master of Science in Biology was passed on this day, **Click here to enter date.**

At least four signatures are required. All must be members of the graduate faculty. At least two committee members must be from the department of Biology at UW-L.

Examining Committee signatures↓: (Enter names ↓ )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chair Committee chair

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Committee member 1

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Committee member 2

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Please deliver to the Biology Graduate Program Director as soon as Oral Exam/Thesis Proposal Defense is completed.