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**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, 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 NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME

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