

**DEPARTMENT OF BIOLOGICAL SCIENCES**

**REPORT OF DISSERTATION/THESIS PROPOSAL EXAMINATION**

STUDENT'S NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SATISFACTORY: \_\_\_\_\_ YES

UNSATISFACTORY: \_\_\_\_\_ NO

COMMITTEE MEMBERS:

\_\_\_\_\_  
Dissertation Director (Print Name)

\_\_\_\_\_  
Dissertation Director (Sign Name)

\_\_\_\_\_  
Committee Member (Print Name)

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Committee Member (Sign Name)

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Committee Member (Print Name)

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Committee Member (Print Name)

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Committee Member (Sign Name)

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Committee Member (Print Name)

\_\_\_\_\_  
Committee Member (Sign Name)

DATE: \_\_\_\_\_

\_\_\_\_\_  
GRADUATE COMMITTEE CHAIR

Please submit one copy of this form to the Graduate Secretary, Irvine 107, within two days of the examination.