

SCHOOL OF LIFE SCIENCES
Graduate Study Approval Form (BIOL 797 & 799)

Name: _____

Email: _____ NSHE ID: _____

I certify that:

x I have completed all of my didactic coursework

x

STUDENTS MUST OBTAIN CONSENT FROM THEIR ADVISOR

This form provides advisor consent to enroll in
BIOL 797/BIOL 799 for 2 years from the date signed.

Student Signature: _____

\$GYLVRU¶V 1DPH _____

\$GYLVRU¶V 6LJQDWXUH _____

Date: _____

*Please return this form to WHI 101 or email biology.help@unlv.edu .
You will be notified by email once permission has been granted.