

REPORT OF THE M.S. THESIS DEFENSE COMMITTEE

Date: _____

TO: DEAN OF THE GRADUATE SCHOOL
UNIVERSITY OF LOUISVILLE

Student Name: _____

Student ID: _____

Department: BIOLOGY

MOTION: The above-named student has successfully defended their thesis for the M.S. degree.

NAME (typed)	APPROVED	DISAPPROVED
1. _____ Principal Advisor	_____	_____
2. _____	_____	_____
3. _____	_____	_____

This report of the Thesis Defense Committee is accepted by:

Director of Graduate Studies

Date

Chairman of the Department

Date