PROGRAM IN POPULATION BIOLOGY, ECOLOGY, AND EVOLUTION
PROVISIONAL DISSERTATION APPROVAL FORM

This form must be submitted to the Director of Graduate Studies by the 4th week of classes during the semester in which the student plans to defend his/her thesis.

NAME ____________________________________________________________

TITLE OF DISSERTATION ____________________________________________

__________________________________________________________

__________________________________________________________

ANTICIPATED DATE OF DISSERTATION DEFENSE _____________________

Upon completion of this form, the student should schedule the date and time of the defense in coordination with the program administrator.

By signing below, we agree that the student has made sufficient research and writing progress to defend the above dissertation during this academic semester.

Student:  
_________________________________________  ________________

(type or print)  ____________________________

Signature

Mentor:  
_________________________________________  ________________

(type or print)  ____________________________

Signature

PBEE Program members:
1)  ___________________________________________  ______________________

(type or print)  ____________________________

Signature

2)  ___________________________________________  ______________________

(type or print)  ____________________________

Signature

3)  ___________________________________________  ______________________

(type or print)  ____________________________

Signature

4)  ___________________________________________  ______________________

(type or print)  ____________________________

Signature

5)  ___________________________________________  ______________________

(type or print)  ____________________________

Signature

Other members(s):
1)  ___________________________________________  ______________________

(type or print)  ____________________________

Signature

2)  ___________________________________________  ______________________

(type or print)  ____________________________

Signature

When you have completed the form, please return it to the Director of Graduate Studies.