

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

Name: _____

Email: _____ **NSHE ID:** _____

I certify that:

- I have completed all of my didactic coursework
- I have filled out my Plan of Study form in Grad Rebel Gateway
- I have passed my Comprehensive Exam (for BIOL 799 only)

Which course are you requesting permission for?

BIOL 797- Thesis

BIOL 799- Dissertation

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: _____

Advisor's Name: _____

Advisor's Signature: _____

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.