

**SCHOOL OF LIFE SCIENCES**  
**Graduate Study Approval Form (BIOL 767, 789, & 791)**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ NSHE ID: \_\_\_\_\_

Term: \_\_\_\_\_ Credits: \_\_\_\_\_

**Which course are you requesting permission for?**

- Biol 767-** Dissertation Grant Proposal Writing
- Biol 789-** Independent Graduate Study in Life Sciences
- Biol 791-** Research Lab Discussions in Life Sciences

**STUDENTS MUST OBTAIN CONSENT FROM THEIR FACULTY**  
**ADVISOR**

**Students & their faculty advisors should discuss which activities will be graded prior to signing this form. Please use the box below to describe these activities:**

**Student Signature:** \_\_\_\_\_

**Advisor's Name:** \_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_

**\*Please return this form to WHI 101 or email [biology.help@unlv.edu](mailto:biology.help@unlv.edu). You will be notified by email once permission has been granted.\***