

MICHIGAN STATE UNIVERSITY
RECORD OF COMPLETION OF REQUIREMENTS
for the
MASTER'S DEGREE
DEPARTMENT OF PLANT BIOLOGY

Student's Name _____ Student Number _____

This is to certify that:

1. The above named student has completed, with satisfactory grades, or is currently enrolled in, all of the work prescribed by the Guidance Committee and that any deviations from the Guidance Committee Report have been approved by the committee.

2. The Master's thesis entitled _____

has been received, accepted, and that on _____ the student completed a final oral examination.

3. The student is _____ is not _____ recommended for the degree of Master of Science.

4. Approved by the Guidance Committee: _____
Chairman of Guidance Committee

5. Does committee recommend that the student pursue a doctoral program in this

Department? Yes _____ No _____

Comment:

6. Dissenting opinions and signatures, if any:

Department Chairman