



Master's Plan B: Degree Completion (Form II)

Part I: To be completed by student

Name _____ UH ID # _____

Research Topic _____

Research Paper / Presentation Date: _____

Name (Type of Print)	Signature	Date
Student		
Advisor		
Committee Member		
Committee Member		

Part II: To be completed by the Graduate Chair

Approve

Disapprove

Signature of Graduate Chair

Date

Part III: To be completed by Department of Biology Office

Date Received _____

Staff Initial _____