

## Results of the Master of Science Defense

*This form is to be submitted to the Academic Support Coordinator/Graduate Program Director within two weeks of the Master of Science defense.*

Student: \_\_\_\_\_

Defense Date: \_\_\_\_\_

Concentration Affiliation [check one]:

\_\_\_\_ *Cell and Organ Systems Physiology*

\_\_\_\_ *Molecular Biology and Genetics*

Please check one of the following:

\_\_\_\_ **We recommend that the candidate be granted the Master of Science degree.** If the Committee has attached any conditions to the recommendation, such as requiring that parts of the thesis be rewritten, the signing of the thesis by the Committee members will indicate that the conditions have been met.

\_\_\_\_ **We do not recommend that the candidate be granted the Master of Science degree at this time.** Please indicate the reason(s) for this decision below or attach separately.

---

---

---

---

---

---

---

---

---

---

*[Please type or print each committee member's name under signature line]*

\_\_\_\_\_  
Advisor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_