

**COMPLETION OF DEPARTMENTAL REQUIREMENTS FOR THE MASTER OF
SCIENCE DEGREE (MANUSCRIPT OPTION)**

(Candidate to complete one copy ready for signatures)

Student's Name _____ Student ID # _____

Completion of Manuscript Option Requirements

Title of Manuscript: _____

Name of Journal for which Manuscript was completed: _____

Date of Manuscript Defense with Committee: ____/____/____

Date of Departmental Oral Presentation: ____/____/____

We, the undersigned, attest that the above-named student has satisfactorily completed the requirements for graduation in the Biological Sciences Master's of Science Degree Program.

Major Professor and Chair of the Student's Advisory Committee:

Signature _____ Date ____/____/____

Name (Printed) _____

Members of the Advisory Committee:

Signature _____ Date ____/____/____

Name (Printed) _____

Signature _____ Date ____/____/____

Name (Printed) _____

Signature _____ Date ____/____/____

Name (Printed) _____

Departmental Graduate Advisor:

Signature _____ Date ____/____/____

Name (Printed) _____

Distribution to:

The Registrar's Office (registrar-info@wmich.edu)

Biological Sciences Office; Major Advisor; Student