

UNC School of Biological Sciences
Defense of Thesis or Project in Lieu of Written Comprehensive Exams: Master's Degree

Student's Name:

Today's Date:

Student Bear Number:

Date Exam Completed:

Student's Advisor:

The Student: **PASSED** **FAILED** **DID NOT TAKE (check one)**

SIGNATURES:

Advisor:

Date:

Committee Member:

Date:

Committee Member:

Date:

Committee Member:

Date: