

TEXAS WOMAN'S UNIVERSITY

**ADVISOR FORM
Department of Biology
Master's Degree**

This completed form must be on file in the Biology Department Office by the end of the second semester of residence.

Student's Name: _____

Student ID: _____

Degree sought (check appropriate one):

M.S (thesis) _____

M.S. (prof. paper) _____

M.A.T. _____

Student Signature

Date

I agree to serve as an M.S. Advisor for the student listed above.

Advisor (Print or Type name)

Signature of Advisor

Date

Signature of Department Chair

Date

Comments: