

4th Year Organic and Chemical Biology Proposal Form

Please complete and return this form to the Chemistry Department Registrar by **December 1st**.

Name:

SID:

Division:

Year of Study:

Date of Oral Exam:

Title of Anti-Thesis Proposal:

Committee Comments:

Oral Exam: Pass

Fail

Written Proposal: Pass

Fail

Committee Members Names and Signatures:

(Please print all committee member names. Only two members must sign, one of which must be your Advisor or Committee Chairman)

_____	_____
_____	_____
_____	_____

Please indicate your Research Advisor with an asterisk