

The University of Mississippi

Comprehensive Examination

DEPARTMENT OF BIOLOGY

University, MS 38677

Phone: (662) 915-7203 Fax: (662) 915-5144

Name of Candidate: _____

Date & Place of Examination: _____

Committee: _____

Report of the Committee: (Please check)

The examination was accepted

The examination was *not* accepted

COMMITTEE SIGNATURES:

Major Advisor: _____

Committee Member: _____

Committee Member: _____

Committee Member: _____

Committee Member: _____

Signed: _____

Department Chair