Declaration of Thesis Track

(You must complete and submit this form to the Program Director before registering for MI 797)

Student name: ___________________________ Date: __________________

Number of Credits Completed: ___________ GPA: ________________

Mentor: _________________________________

Proposed Thesis Title: ____________________________________________

_____________________________________________________________

_____________________________________________________________

Name __________________ Signature __________ Date _________________

Mentor: _________________________________________________________

Member 1: _____________________________________________________

Member 2: _____________________________________________________

Program Director: _______________________________________________

Students please read and sign:

I, as a graduate student in Microbiology at Wagner College, have accessed and read the guidelines of the Thesis Track in the Microbiology Graduate Program and understand the responsibilities I am undertaking.

X: ___________________________ Date: ____________________________