

# RESEARCH TOPIC APPROVAL

STUDENT \_\_\_\_\_ DATE OF APPROVAL \_\_\_\_\_

TITLE OF RESEARCH TOPIC \_\_\_\_\_

COMMENTS:

APPROVED \_\_\_\_\_

Thesis Supervisor

\_\_\_\_\_

Committee Member

\_\_\_\_\_

Committee Member

\_\_\_\_\_

Committee Member (optional)

Please return completed form plus 1-2 page description to Ellie Warder,  
Department of Biochemistry, Biosciences West 270.