PERMISSION TO WRITE REQUEST

The undersigned members of the thesis committee of ________________________,
Student Name

a candidate for the degree of Doctor of Philosophy in Interdisciplinary Biological Sciences, report as

follows:

1. We have read the outline of the candidate's dissertation, entitled:

________________________________________________________________________

________________________________________________________________________

written under the direction of Professor ________________________________________.
Advisor

2. We have (select one):

☐ approved the candidate's request for permission to write. The dissertation outline proposed is
   acceptable, requiring no additional experiments or alterations. The candidate may schedule their
   final examination.

☐ approved the candidate’s request for permission to write on the condition that the criteria outlined on
   the next page are met by ________________________ (specify date) prior to scheduling the final
   examination. Detailed comments are attached on the next page.

☐ decided that the dissertation outline proposed is not acceptable. Comments are attached on the next
   page.

Typed/Printed Names          Signatures          Dept/Program
________________________________________________________________________
Chair

________________________________________________________________________
Advisor

________________________________________________________________________

________________________________________________________________________

Date: ____________________________
PERMISSION TO WRITE REQUEST

COMMENTS AND REQUIREMENTS

CANDIDATE NAME: __________________________________________________________

Please check one:

☐ The dissertation outline proposed is acceptable but requires the following additional experiments and/or alterations to the outline prior to scheduling the final examination.

☐ The dissertation outline proposed is not acceptable for the following reasons.

Comments (Please be sure to address dissertation outline alterations and additional experiments, including contingency plans, as appropriate):

Committee Chair signature: ___________________________________________ Date: _____________

(Please continue on additional pages if necessary)