



**THE GEORGE  
WASHINGTON  
UNIVERSITY**  
WASHINGTON, DC

Department of Biological Sciences  
**M.S. Program of Studies**

**Student's name:**

**Date:**

**GWID:**

Number of Graduate Credit hours to be transferred in (institution):

Official transcript provided?

Petition submitted to CCAS (date)?

Petition approved by CCAS (date)?

**Faculty**

**Name**

**Signature**

Advisor:

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Co-advisor:

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**Program of Studies**

**Course** (Name and number)

**Cr hrs**   **Semester**

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**Additional requirements:**

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General M.S. Examination will be taken on:

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Student's name, signature, and date:

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