

**Biological Sciences B.S. degree  
Faculty Consent Form**

**TO BE COMPLETED BY STUDENT:**

STUDENT'S NAME:

STUDENT'S E-MAIL:

STUDENT'S EXPECTED GRADUATION DATE:

THESIS ADVISER'S NAME:

ADVISER'S E-MAIL:

THESIS ADVISER'S DEPARTMENT AND POSITION:

BRIEF DESCRIPTION OF STUDENT'S THESIS TOPIC (PLEASE INDICATE WHETHER THE THESIS WILL BE A RESEARCH PAPER OR A LITERATURE REVIEW):

I AM COMPLETING THIS THESIS FOR (CHECK ALL THAT APPLY):

A SPECIALIZATION THAT REQUIRES A THESIS

IF YOU CHOOSE THIS OPTION, PLEASE DESIGNATE YOUR SPECIALIZATION:

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THE BSCD HONORS PROGRAM

**TO BE COMPLETED BY B.S. THESIS ADVISER:**

By signing below, I confirm that I accept the responsibility of working in the following capacities with the student named above:

- (1) guiding the preparation of a B.S. thesis proposal
- (2) assisting in the selection of upper-level courses to meet the requirements of the B.S. degree
- (3) advising the student's B.S. thesis research
- (4) guiding the preparation of a draft of the B.S. thesis and approving it for submission to two faculty readers
- (5) guiding the revision of the B.S. thesis in accordance with comments from the two faculty readers
- (6) approving the final version of the B.S. thesis for submission to the BSCD. By signing off on this thesis, you confirm that it is of suitable quality for the awarding of a B.S. degree in Biological Sciences

**SIGNATURE OF THESIS ADVISER/DATE:**

Please see the next page for the timeline B.S. candidates must follow in completing the thesis.

Please return this signed form to Chris Andrews (BSLC 306; candrews@uchicago.edu; 702-1214)