

**Department of Cell Biology,  
Microbiology and Molecular Biology**

**Request for M.S. Seminar**

To: Dr. Lindsey Shaw

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Seminar: \_\_\_\_\_ Time of Seminar: \_\_\_\_\_ Location: \_\_\_\_\_

Title of Seminar: \_\_\_\_\_

Registered for 1 credit of BSC6935, in addition to 2 credits of BSC/MCB6971?

Circle One: Yes / No

**Approval of Committee:**

\_\_\_\_\_  
Major Advisor Date

\_\_\_\_\_  
Committee Member Date

\_\_\_\_\_  
Committee Member Date

\_\_\_\_\_  
Committee Member Date

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Dr. Lindsey Shaw, Graduate Program Director Date