

# Lab Assignment

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Department of Biological Sciences  
Graduate Studies Office

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

Dr. \_\_\_\_\_ has agreed to serve the major professor/research director effective **Spring, Summer, Fall** (circle one) of \_\_\_\_ (year) for \_\_\_\_\_ (students name).

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty signature

\_\_\_\_\_  
Date

Provide your lab/office location and phone:

Location	Room #	Phone #
Lab		
Office		