

**PRACTICUM APPROVAL FORM**  
**M.S. DEGREE – PLAN B**

Practicum Title \_\_\_\_\_

Student's Name \_\_\_\_\_

We verify that this Practicum satisfies the requirements of the Master's Plan B program for the Department of Entomology as approved by the Graduate Faculty on July 12, 1993, and that the final examination should be scheduled.

*Signatures:*

\_\_\_\_\_  
Major Professor

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Advisory Committee Members

\_\_\_\_\_  
Director of Graduate Studies

\_\_\_\_\_  
Date