

# *Plan of Study Certification*

**TO: BGES Graduate Program Director**

**DATE:** \_\_\_\_\_

**DEGREE PROGRAM:** \_\_\_\_ M.S. \_\_\_\_ M.S.-EVS \_\_\_\_ Ph.D.

The following signatures certify that the attached *Plan of Study* for a student in the above graduate program of the Department of Biological, Geological, & Environmental Sciences of Cleveland State University has been approved by the Advisory Committee.

**Major Advisor:**

Name \_\_\_\_\_ Signature \_\_\_\_\_

**Other Advisory Committee Members:**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

**Student:**

Name \_\_\_\_\_ Signature \_\_\_\_\_

cc: student  
Advisory Committee  
BGES file