



## PLAN OF WORK: MASTERS OF SCIENCE

Student name \_\_\_\_\_ Date \_\_\_\_\_

PID \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Advisor name \_\_\_\_\_

### Courses completed and proposed

UNIV	TERM	DEPT	COURSE NO.	COURSE TITLE	MAJOR HRS.	CORE HRS.	MINOR COGNATE HRS
<b>TOTAL HRS IN PROGRAM</b>				<b>TOTALS</b>			
		Bio	8999	Master's Thesis, Research			



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**Note:** Student is responsible for completing any prerequisites pertaining to courses on this plan of work. All degree requirements and course work must be completed by *(within six years following date of first recorded grade to be used for degree)* \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Plan of work approved and recommended by \_\_\_\_\_

Date \_\_\_\_\_

Chairperson, Graduate Committee \_\_\_\_\_

Date \_\_\_\_\_

### Candidacy authorized by Graduate Office

Checked by \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_