PROGRAM OF STUDY – MASTER OF SCIENCE IN BIOLOGICAL SCIENCES

Name: _____ Date: _____

Course Deficiencies: If none, check here: _____

Course Number/Name	Units	Semester Taken	Grade

Required Courses

Course Number/Name	Units	Semester Taken	Grade
BIOL 600 Scientific Communication	3		
Computational/quantitative: _____	3		
BIOL 697 Directed Studies	6		
Seminar in _____	2		
Seminar in _____	2		
BIOL 685 Internship in Biology Instruction	2		
BIOL 698 Thesis	6		

Elective Courses

Course Number/Name	Units	Semester Taken	Grade

Total Units (30 required): _____ **Total Units at 500 level: _____**

Required coursework: _____ **Total Units at 600 level (15 required):_____**

Elective coursework: _____

_____ _____ _____

Thesis Chair (print name) Thesis Chair (signature) Date

_____ _____ _____

Thesis Committee Member (print name) Thesis Committee Member (signature) Date

_____ _____ _____

Thesis Committee Member (print name) Thesis Committee Member (signature) Date

_____ _____ _____

Thesis Committee Member (print name) Thesis Committee Member (signature) Date