

FORMAL PLAN OF STUDY FOR M.S. IN BIOLOGY

(Form II)

Date: _____

Student Information:

Name: _____ **UCO ID #:** _____

Address: _____ **Phone:** _____

B.S. Degree (Major): _____ **B.S. Institution:** _____

Date of Graduation: _____

Advisory Committee Members (print or type)

(Major Advisor)

Select Program Option:

Thesis ___ **Non-thesis** ___

(Form II continued)

PROGRAM COURSEWORK:

Transfer Courses (list all courses transferring):

UCO Coursework (list all courses taken or to be taken at UCO):

Those courses marked above with ** are to count as credit hours toward the M.S. in Biology Degree (a total of 32 graduate hours at the 5000 level is required). Other courses listed are additional requirements or deficiencies.

Thesis/Capstone Topic (if known):

Advisory Committee Approval:

(Major Advisor Signature)

Biology Graduate Program Advisor Approval: _____

Form II is to be submitted to the Dean of the Graduate College and the Biology Graduate Program Advisor.