UNIVERSITY OF CENTRAL OKLAHOMA
Jackson College of Graduate Studies

**Forensic Science Institute**
**Master of Science**
**Chemistry**
**Major Code: 7601**

## Plan of Study

Each student must file a plan of study with his/ her graduate program advisor and the Jackson College of Graduate Studies by the end of the first semester of graduate work. The plan must be signed and dated by the student and the graduate program advisor before it can be considered official.

**NAME:** _____ **EMAIL:** _____ **UCO ID**: _____

**REQUIRED COURSES (33 hours — Capstone; 36 hours — thesis option)**

| COURSE PREFIX | COURSE NUMBER | COURSE TITLE | HOURS | SEMESTER & YEAR | Credit |
|---|---|---|---|---|---|
| FRSC | 5253 | Forensic Science Analysis & Lab | | | |
| FRSC | 5323 | Forensic Toxicology & Lab | | | |
| FRSC | 5333 | Forensic Molecular Biology & Lab | | | |
| FRSC | 5143 | Advanced Crime Scene Processing and Investigations | | | |
| FRSC | 5513 | Forensic Chemistry & Lab | | | |
| FRSC | 5533 | Forensic Microscopy & Lab | | | |
| FRSC | 5613 | Advanced Forensic DNA Analysis & Lab | | | |
| FRSC | 5713 | Forensic Pharmacology | | | |
| FRSC | 5863 | Expert Witness | | | |
| FRSC | 5873 | Research Methods in Forensic Science | | | |
| FRSC | 5881 | Graduate Seminar | | | |
| FRSC | 5892 | Professional Issues in Forensic Science | | | |
| FRSC | 5930 | Graduate Capstone (3 hours) **OR** | | | |
| FRSC | 5990 | Thesis (6 hours) *Thesis Defense information and packet.* | | | |
| | | | **Sub-Total** | | |

**GUIDED ELECTIVES (3 hours — Capstone; 0 hours — thesis option)**

| COURSE PREFIX | COURSE NUMBER | COURSE TITLE | HOURS | SEMESTER & YEAR | Credit |
|---|---|---|---|---|---|
| FRSC | | | | | |
| *Review your program's degree sheet in the Graduate Catalog for elective options.* | | | **Sub-Total** | | |

**COURSE SUBSTITUTIONS**

| REQUIRED COURSE TITLE, PREFIX, & NUMBER | REPLACEMENT COURSE TITLE, PREFIX, & NUMBER | HOURS | SEMESTER & YEAR | Credit |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | **Sub-Total** | | |

| **Grand Total** | |
|---|---|

Required 36 Hours Total

Comments:

*I understand that I may not make changes to my Plan of Study without prior approval from the Graduate Program Advisor. If I take any coursework that is not listed on my Plan of Study, the Graduate Program Advisor is not obligated to apply the coursework toward my degree.*

Student Signature Date

Graduate Program Advisor Signature Date

**FOR JCGS OFFICE USE ONLY:**

Date Received: _____/_____/_____ Graduate Programs Specialist Signature:_____