

Plan of Study
The Graduate School
Louisiana Tech University

(Last Name)

(First)

(Middle)

CWID

Mailing Address _____

Degree Pursued Master of Science **Major** Biology **Option** Non-Thesis

List all courses to be applied toward the graduate degree requirements that carry Louisiana Tech credit.

Course Number	Course Title	Name of Instructor	Semester Credit Hours	Quarter Scheduled
BISC 502	Research Methods in Biological Sciences	_____	3	_____
BISC 509	Biological Sciences Seminar	_____	1	_____
BISC 517	Applied Biological Sciences Research	_____	3	_____
BISC 535	Current Topics in Biological Sciences	_____	1	_____
BISC 535	Current Topics in Biological Sciences	_____	1	_____
BISC 585	Comprehensive Exam Biological Sciences	_____	0	_____
_____	statistics - any approved graduate course	_____	3	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List below all courses required to remove subject matter deficiencies.

Course Number	Course Title	Name of Instructor	Hours Credit	Quarter Scheduled
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List below all approved transfer credit that is to be applied toward the degree.

Course Number	Course Title	Name of Instructor	Hours Credit	Quarter Taken
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In addition to successful completion of the courses listed on this Plan of Study, I understand that to be eligible to receive the Master of Science Degree in Biology I must also, for the non-thesis option, pass oral and written comprehensive examinations, and for the thesis option pass an oral examination.

Signature of Student

Date

Approved:

Chair, Advisory Committee

Date

Director, School of Biological Sciences

Date

Advisory Committee Member

Date

Director of Graduate Studies

Date

Advisory Committee Member

Date

Dean of the College

Date

Advisory Committee Member

Date

Received: Graduate School

Date

Advisory Committee Member

Date

GS Form 6