

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