

## PROGRAM of STUDY

Please type all required information. Do not handwrite. List courses in the order they were/will be completed. Each course, directed reading, independent study, etc. should be listed on a separate line. Include only those courses that will be applied to the degree.

MASTER of SCIENCE

M105/Q061

MAJOR: Biology

CONCENTRATION: Bioinformatics

NAME: \_\_\_\_\_

OU ID: \_\_\_\_\_

Bioinformatics students must complete all requirements of their degree-granting department.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
* For OU graduate courses including Norman, Tulsa, Advanced Programs and Liberal Studies, leave this column blank. For transfer credit (including OU Health Sciences Center courses), enter the institution name in this column. For courses applied to a dual master's degree, enter <b>Shared</b> in this column.					

### REQUIRED COURSEWORK

BIOL G4913	Quantitative Biology	3			
BIOL 5903	Bioinformatics: Applications	3			
BIOL 5913	Bioinformatics: Programming	3			

**ADDITIONAL COURSEWORK:** 15 hours as determined by the thesis advisory committee.

Bioinformatics students are required to take at least two courses from non-host departments and encouraged to take independent research in Bioinformatics during their first two semesters of study. (BIOL 5903 and 5913 may not be used to satisfy the non-host department requirement.)


**THESIS RESEARCH:** 6 hours BIOL 5980 required. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.


TOTAL HOURS:

30 hours required

I intend to graduate in the \_\_\_\_\_ semester. I hereby request approval of my program of study as outlined above. I understand that I am responsible for reviewing the policies and procedures governing graduate study at the University of Oklahoma as published in the *Graduate College Bulletin*.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_



I have reviewed the above-named student's proposed program of study and I recommend approval.

Printed Name of Graduate Liaison \_\_\_\_\_

Graduate Liaison Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR GRADUATE COLLEGE USE ONLY:

Program effective **Fall 2012**. Semester Admitted/Re-admitted: \_\_\_\_\_

Date Checked: \_\_\_\_/\_\_\_\_/\_\_\_\_ | Timeline Begins: \_\_\_\_ | Hours Required: \_\_\_\_ | **OK** \_\_\_\_ **Problem** \_\_\_\_