

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

M690/Q061

MAJOR: Microbiology

CONCENTRATION: Bioinformatics

NAME: _____

OU ID: _____

Bioinformatics students must complete all requirements of their degree-granting department.
 In addition, BIOL 5903 Bioinformatics: Applications and BIOL 5913 Bioinformatics: Programming are required.
 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.)
 Transfer credit: No more than 8 hours may be applied to the degree.
 Independent research courses: Maximum of 6 hours with one instructor, but no more than 12 hours combined under one course number.

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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* 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 **Shared** in this column.

REQUIRED COURSES: 5 hours.

MBIO 5971	Seminar in Microbiology	1			
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Outside Courses: 3 hours of non-microbiology coursework as approved by the Advisory Committee. Plant biology courses may be used as long as they are not cross-listed with microbiology.

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ADDITIONAL COURSES: 19 hours graduate-level courses as approved by the Thesis Advisory Committee.

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

MBIO 5980	Research for Master's Thesis				
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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 Summer 2016. Semester Admitted/Re-admitted: _____

Date Checked: ____/____/____ | Timeline Begins: _____ | Hours Required: _____ | OK ___ Problem ___