

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

M787/Q524

MAJOR: Plant Biology

CONCENTRATION: Standard

NAME: _____

OU ID: _____

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: 4 hours.

PBIO 5971	Seminar in Botany	1			
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Outside Courses: 3 hours of non-plant biology coursework as approved by the Advisory Committee (for thesis students) or Graduate Advisor (for non-thesis students). Microbiology courses may be used as long as they are not cross-listed with plant biology.

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ADDITIONAL COURSES: 20-24 hours for thesis, 28 hours for non-thesis. Thesis students must complete 1 additional hour PBIO 5971 and 19-23 hours graduate-level courses as approved by the Thesis Advisory Committee. Non-thesis students must complete 15 hours regularly scheduled PBIO 5000- and/or 6000-level classes and 13 hours additional graduate-level courses as approved by the Graduate Advisor.

THESIS RESEARCH: 2-6 hours PBIO 5980 required for thesis students. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

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TOTAL HOURS:

30 hours required for thesis degree
32 hours required for non-thesis degree

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*.

No Yes

I am also enrolled as a doctoral student, and I wish to receive the non-thesis master's degree on the basis of my doctoral general examination, which I will take in the _____ semester.



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 ___