## MS (non-thesis) in Biology Plan of Study Form:

The University of North Carolina at Greensboro

Department of Biology

Master’s in Biology

Plan of Study and Approval Forms

Current Date:

I. GENERAL INFORMATION

Student’s Name:

Student ID#:

Advisor’s Name:

Contact Information

Local Address:

Email:

Home or Cell Phone Number:

II. EDUCATIONAL BACKGROUND

A. Undergraduate degree

Name of Degree:

Major:

Date Obtained:

Institution:

B. Graduate Degree(s) earned (if applicable)

Name of Degree:

Major:

Date Obtained:

Institution:

III. MS PROGRAM

A. General Information

Month and Year of Enrollment:

Date Admitted to the Graduate Program:

Month and Year of Expected graduation:

B. Coursework Summary for MS

Total- 30 hours minimum; 27 credits of graduate-level courses and 3 credits of BIO 698. Students with the non-thesis option may potentially take up to 12 credits at the graduate level in other departments. Requires the prior approval of the graduate student’s advisor and the final approval of the Graduate Program Director and/or the Department Head.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course Name | Course # | Credit Hours | Semester | Grade |
| Intro to Graduate Studies | BIO 600 | 1 | Fall 202\_ |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total hours semester 1 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total hours semester 2 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total hours semester 3 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total hours semester 4 |  |  |  |  |
| **Final Number of Credit Hours** |  | **30** |  |  |
|  |  | | | |

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Other information: For student and departmental records only. Not to be submitted to the Graduate School

|  |  |
| --- | --- |
| Completed/Accepted | Date Completed |
| i. Selection of MS Advisor  Name: |  |
| ii. Selection of Capstone experience: |  |
| iii. Submission of Plan of Study to Graduate School |  |
| iv. Capstone Completed |  |