MS BIOMEDICAL SCIENCES PROGRAM OF STUDY

First Name:	Last Name:	
Expected Date of Graduation:	Term / Year Admitted:	
Current email address:	PID:	

A Program of Study should be on file with the College of Graduate Studies by the end of the students second major term of enrollment (based on full-time enrollment)

Please Check as Appropriate:
New Program of Study
Revised Program of Study

Are you planning on graduating in one year?
Yes
No

<u>PROGRESS TO DEGREE – 33 Credit Hours Minimum</u> Qualifying Exam Attempted:

Capstone & Comprehensive Exam Passed: (Semester/Date passed)

REQUIRED COURSES Semester/ Year/Grade:

ZOO 6737 Clinically Oriented Human Anatomy (4) PCB 6595 Regulation of Gene Expressions (3) MCB 6226 Molecular Diagnostics (3) BSC 6407C Laboratory Methods in Molecular Biology (3) OR
BSC 5418 Tissue Engineering (3) PHI 5634 Medical Ethics (3) (RQ1085;LN35) MCB 6938 Seminar (1) MCB 6938 Seminar (1)

ELECTIVE COURSES – Biomedical Specialization (6cr)

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(RQ1085;LN20)

Prefix	Number	Course Title	Term/Year	Hours	Grade

ELECTIVE COURSES – Microbiology Specialization (6cr)

(RQ1085;LN30)

Prefix	Number	Course Title	Term/Year	Hours	Grade

MS BIOMEDICAL SCIENCES PROGRAM OF STUDY

CAPSTONE COURSE – MCB 6026 (3 credits)

						(RQ1085;LN40)
Prefix	Number	Course Title	Term/Year	Hours	Grade	
МСВ	6026	Capstone				

Total Credit Hours: _____

Total	6000	Level	Credit Hours:	

**Graduate Studies Requirement: At least half of the credit hours used to meet program requirements must be at the 6000 level for master's students.

CAPSTONE COMMITTEE MEMBERS:

(Chair)	

Teaching Assignments

ident Name:	Student Signature:	Date:	
List Semester and Co	urse Information (1 semester needed):		

Program Coordinator Name: Dr. Saleh Naser Signature:

Date