

# MS BIOMEDICAL SCIENCES – METABOLIC AND CARDIOVASCULAR SCIENCES PROGRAM OF STUDY

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

**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

### PROGRESS TO DEGREE – 33 Credit Hours Minimum

#### Qualifying Exam Attempted:

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

#### REQUIRED COURSES Semester/ Year/Grade:

(RQ3635;LN10)

<b>ZOO 6737</b> Clinically Oriented Human Anatomy (4)	<b>PCB 6595</b> Regulation of Gene Expressions (3)
<b>MCB 6226</b> Molecular Diagnostics (3)	<b>BSC 6407C</b> Laboratory Methods in Molecular Biology (3) or <b>BSC 5418</b> Tissue Engineering (3)
<b>PCB 5815</b> Molecular of Obesity, Diabetes and Metabolism (3)	*If you select <b>BSC 5418</b> , you will have to select a 6000 level elective course. <span style="float: right;">(RQ3635;LN20)</span>
<b>MCB 6938</b> Seminar (1)	<b>MCB 6938</b> Seminar (1)

#### ELECTIVE COURSES (Course Prefix/Number/Semester/Grade) (12 Credits)

(RQ3635;LN30)

Prefix	Number	Course Title	Term/Year	Hours	Grade	

# MS BIOMEDICAL SCIENCES – METABOLIC AND CARDIOVASCULAR SCIENCES PROGRAM OF STUDY

CAPSTONE COURSE – MCB 6026 (3 credits)

(RQ3635;LN40)

Prefix	Number	Course Title	Term/Year	Hours	Grade	
MCB	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**

**List Semester and Course Information (1 semester needed):**

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

Program Coordinator Name: Dr. Saleh Naser Signature: \_\_\_\_\_ Date: \_\_\_\_\_