

## Graduate Student Program of Study – Biological Sciences

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

Planned Program: \_\_\_\_\_ (date) Final Program: \_\_\_\_\_ (date)  
 (Submitted first semester) (Submitted semester prior to graduation)

Degree Sought: MS MNS CLS DA PhD

Advisor/Co-Advisor: \_\_\_\_\_

### Committee Members:

- |          |            |
|----------|------------|
| 1. _____ | 4. _____   |
| 2. _____ | 5. _____   |
| 3. _____ | GFR. _____ |

List courses that you wish to apply to your degree. No more than 9 graduate credits may be transferred to ISU, and these must be converted to semester credits.

Department	Course #	Course Title	Credits Sem/Year	Institution
BIOL	6690	Careers in Life Sciences (1) _____		ISU
BIOL	6691	Proposal Seminar (1) _____		ISU
BIOL	6605	Biometry (4) _____		ISU

Summary: 500 level credits: \_\_\_\_\_  
 600-700 level credits \_\_\_\_\_  
Total graduate-level credits: \_\_\_\_\_

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

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

Committee initials: \_\_\_\_\_

Chair, Graduate Programs Signature: \_\_\_\_\_ Date \_\_\_\_\_

College Dean's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 (Final Program of Study only)

Graduate Dean's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 (Final Program of Study only)