TEXAS A&M UNIVERSITY-CORPUS CHRISTI
COLLEGE OF SCIENCE AND ENGINEERING
MASTER OF SCIENCE IN BIOLOGY
DEGREE PLAN - THESIS OPTION

Name ___________________________ Banner ID # ___________________________
Address ___________________________ Telephone (home) ___________________________
________________________________ Telephone (work) ___________________________

Previous Degrees ___________________________ Discipline ___________________________
-
School ___________________________ Year ___________________________

GRE (verb) ______________ (quant) ______________
Date of Admission to Program ___________________________

Emphasis Area

THESIS TITLE: ___________________________

Required Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Grade</th>
<th>SCH</th>
<th>YR/SEM</th>
<th>Career</th>
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<tbody>
<tr>
<td>BIOL 5102</td>
<td>Graduate Defense Seminar</td>
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<tr>
<td>MATH 6315</td>
<td>Statistical Methods in Research</td>
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<td>BIOL 5392</td>
<td>Thesis Proposal</td>
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<td>BIOL 5393</td>
<td>Thesis Research</td>
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<tr>
<td>BIOL 5394</td>
<td>Thesis Submission</td>
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*Advanced Electives (23 hours Minimum)

*These electives must be approved by the student's advisory committee in order to be counted for credit toward the graduate degree.


Requirement Summary

Transfer Hours (9 Max) ___________________________

GPA (Min 3.0) ___________________________

TOTAL HOURS (36 min) 13

Approved By: ___________________________
Print and sign name below

GAC Chair ___________________________ date
Com. Member ___________________________ date
Com. Member ___________________________ date
Student ___________________________ date
Program Coor ___________________________ date
Dean ___________________________ date

MSB-T15 7/3/2015