

Student's Name (printed)

# MASTER OF SCIENCE DEGREE - BIOLOGY

## Thesis

School of Graduate Studies  
Edinboro University of Pennsylvania

### A Plan of Study

It is the student's responsibility to make an appointment with his or her advisor to develop a Plan of Study for the Master's degree. This appointment should be held as soon after the appointment of an advisor as possible. However, the Plan of Study must be developed prior to the semester in which the student will be completing his or her twelfth semester hour of degree credit at Edinboro University.

**Directions:** Duplicate copies of the Plan of Study are to be completed. One copy, signed by the advisor, is to be retained by the student. The second copy, signed by the student, is to be retained by the advisor. It is the student's responsibility to obtain the advisor's prior approval for changes in the approved Plan of Study.

CURRICULUM (A minimum of 30 semester hours)	SEMESTER or SESSION to be Scheduled	Course Grades
I. Biology Courses in Area of Emphasis (15 semester hours)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
II. Seminar, BIOL701 (3 semester hours)	_____	_____
III. Research component - Thesis, BIOL799 (6 semester hours)	_____	_____

(OVER)

**IV. Departmental Electives** (0-12 semester hours)

Any departmental course carrying graduate credit, except BIOL609 and BIOL611.

Includes: BIOL-Biology courses, AL-Applied Biology courses in the allied health areas, PYMA-Pymatuning Laboratory of Ecology courses, and MSCI-Marine Science Consortium courses.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**V. Electives in supporting sciences or mathematics**

(0-6 semester hours)

_____	_____	_____
_____	_____	_____
_____	_____	_____

**VI. Comprehensive Evaluation**

**Comments:**

**DEGREE REQUIREMENTS:** Individuals must comply with degree requirements for the Master of Science Degree described in the Graduate Catalog. This includes the satisfactory completion of a Comprehensive Examination.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date