

Master's Degree Plan
University of North Texas
Department of Biological Science

Name: _____ Student ID: _____

Home Address _____

Degree to be earned: _____ Major: _____

Minor: _____ Specialization: _____

Major Professor: _____ Minor Professor: _____

Undergraduate deficiencies prerequisites: _____

Responsibility for reading catalog requirements and for knowing when program has been completed rests entirely upon the student. Application for graduation must be filed in the Office of the Graduate School before the deadline date in force during your final semester. See Graduate School calendar for deadline dates.

Identify transfer courses with school abbreviation, course number, and date completed. Official transcripts of transfer work must be filed before courses can be approved.

Courses to be completed for the Master's Degree

Prefix/No.	Course Name	Semester Completed	No. Credit Hours	Grade

Total Semester Hours Required _____

Admission candidacy is recommended:

Program Coordinator Print Name Signature

Department Chair	Print Name	Signature
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Major Professor	Print Name	Signature
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Committee Member	Print Name	Signature
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Committee Member	Print Name	Signature
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This student is admitted to candidacy:

Date	Dean of the Toulouse School of Graduate Studies
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