



### PROGRAM OF STUDY

Name: \_\_\_\_\_  
 (Type or Print) Last, First Middle

Student ID No: \_\_\_\_\_

Program:     \_\_\_ PhD Cellular and Molecular Biology  
               \_\_\_ PhD Neuroscience  
               \_\_\_ MS                     \_\_\_ MA

Research Interest: \_\_\_\_\_

Courses, including transferred work, required for the degree.

R = Required, E = Elective, GR = Graduate Research, T= Transfer

Expected / Semester	Year	Course Title	R, E, GR, T	Credit Hours
Total Required Courses			R	
Total Electives			E	
Total Graduate Research			GR	
Total Transferred Credits			T	
<b>Total Credits</b>				

I accept this program of study and understand that completion of the courses listed will be required for my graduation.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date (MM/DD/YY)

Endorsement:  
 I certify that the program of study complies with the regulations established by the Graduate Program in Biomedical Sciences.

\_\_\_\_\_  
 Advisor's Signature

\_\_\_\_\_  
 Date (MM/DD/YY)

Graduate Program in Biomedical Sciences Approval:

\_\_\_\_\_Approved \_\_\_\_\_ Approved with Condition(s) \_\_\_\_\_Disapproved

Conditions/Reason(s) for disapproval:

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\_\_\_\_\_  
Graduate Program Administrator or  
Associate Dean for Research and Graduate Studies

\_\_\_\_\_  
Date (MM/DD/YY)

ORIGINAL: Graduate Program in Biomedical Sciences Office  
Copy: Student  
Office of the Registrar  
Advisor