ARKANSAS STATE UNIVERSITY Proposed Program of Study for the Master of Science Degree in Molecular Biosciences (Submitted before the end of the student's 2nd Semester) Student Name: ______ Permanent Address: ______

The Research Advisor, and members of the Thesis Committee hereby approve the proposed program of study.

Research Advisor (print)	Signature	Date
Student (print)	Signature	Date
Committee Member (print)	Signature	Date
Committee Member (print)	Signature	Date
Committee Member (print)	Signature	Date
Committee Member (print)	Signature	Date
Committee Member (print)	Signature	Date
Committee Member (print)	Signature	Date
Program Director (print)	Signature	Date
Dean, CSM (print)	Signature	Date
Dean, Graduate School (print)	Signature	Date

Transcripts are required for transferred courses.

Be sure to keep a copy for your records. This page may be copied for listing additional courses if necessary.

Course of Study for MS Thesis Track MBS. Student Name: ______Student ID: _____

- Degree program: 30 36 credit hours beyond Bachelor of Science Degree.
- See Graduate Bulletin for list of courses.

Course Title	Course No.	Credits Required	When To Be Taken?	Grade (If course was taken)
Advanced Cell Biology	MBS 6213	3		
Specialized Biochemistry	MBS 6233	3		
Molecular Genetics and Genomics	MBS 6243	3		
Responsible Conduct in Research or	MBS 7151	1		
Biosafety and Ethics in Research	BIO 5063	3		
Techniques in Molecular Biosciences	MBS 625V	1		
Techniques in Molecular Biosciences	MBS 625V	1		
Techniques in Molecular Biosciences	MBS 625V	1		
Seminar in Molecular Biosciences	MBS 7111	1		
Seminar in Molecular Biosciences	MBS 7111	1		
MBS 689V Thesis Hours				
MBS 689V Thesis Hours				
MBS 689V Thesis Hours				
Additional courses:				