

WAYNE STATE UNIVERSITY

MASTER OF SCIENCE

Plan-of-Work & Petition for Candidacy

Advisor Selection, Plan-of-Work & Petition for Candidacy

SCHOOL OF MEDICINE
GRADUATE PROGRAMS

STUDENT

NAME _____ I.D.#. _____ DATE _____
Last First

ADDRESS _____ **PHONE** _____
street city state zip EMAIL: _____

MAJOR: Biochemistry & Molecular Biology (MIB Dept.) **Advisor** _____ **Degree Plan:** Masters Plan B

INSTRUCTIONS: Review all general and departmental or college degree requirements published in WSU Bulletin. List chronologically all WSU credits earned or proposed which will apply toward fulfillment of Master’s degree requirements.
PRESENT TO ADVISOR FOR APPROVAL AND FORWARD TO GRADUATE PROGRAMS OFFICE, SCHOOL OF MEDICINE.
Due at the end of 1st Fall Semester. Minimum requirements are shown. Additional credits may be added to fulfill requirements of scholarships or VISAs.

COURSES COMPLETED & PROPOSED

Term--Yr	Dept-No	Title	MAJOR HRS	MINOR/ COGNATE	CORE HRS.
Fall	BMB7010	Biochemistry	4		
Fall	BMB7030	Core concepts and technologies in biochemistry and molecular biology	4		
Winter	BMB7890	Journal Club	1		
Winter	BMB7320	Protein Structure & Function	3		
Winter	BMB7330	Advanced Molecular Biology	2		
Winter	BMB7996	Graduate Research	2		
Spr/Sum	BMB7996	Graduate Research	2		
Fall	BMB7996	Graduate Research			
Fall	BMB8999	Master’s Thesis Research and Directed Study	4		
Fall	BMB7890	Journal Club	1		
Winter	BMB7996	Graduate Research	3		
Winter	BMB8999	Master’s Thesis Research and Directed Study	4		
Totals Hours in Degree Program			TOTALS: <u>30</u>		

*choose one with adviser approval

APPROVED BY: _____, Advisor Date: _____

APPLICANT'S PETITION FOR CANDIDACY _____ / _____
Signature *Date*

CANDIDACY RECOMMENDED BY:
_____/_____/_____/_____
Program Director *Date* *Program Coordinator’s Signature* *Date*

(Advisor can recommend candidacy at time POW is presented, or candidacy may be recommended by memorandum. In general, candidacy is recommended before the student has completed 8 credit hours.)

CANDIDACY AUTHORIZED BY GRADUATE OFFICE: _____ / _____
Dean/Director’s Signature *Date*