



OFFICE OF GRADUATE STUDIES
ALCORN STATE, MS 39096-7500

(Form Must be Typed)

A PROGRAM OF STUDY for the Master of Science in Education Degree in ___ Biotechnology.
THESIS PLAN (33 Hours).

Name: _____ ASU ID: _____
Address: _____ Date: _____

CORE COURSES REQUIRED (24 Hours)

Table with 6 columns: Course No., Title, Credit Hours, Date to be Taken, Date Completed, Grade. Rows include BT 500, BT505, BT540, BT565, BT 570 A, BT 600, BT 650, CH 580, PS 595.

APPROVED ELECTIVES (9 Hours)

Table with 6 columns: Course No., Title, Credit Hours, Date to be Taken, Date Completed, Grade. Rows include BI 503, BI 523, BI 525, BI 526, BI 581, BT 526, BT544, BT 545, BT 546, BT 551, BT 552, BT 570 B, BT 590.

TRANSFER COURSES (6 Hours)

Table with 6 columns: Course No., Title, Hrs, Date to be Taken, Date Completed, Grade. (Empty table)

APPROVED:

Student: _____

Graduate Advisor: _____

Department Chairperson/Dean: _____