

**OFFICE OF GRADUATE STUDIES
 LORMAN, MS 39096-7500**

(Form Must be Typed)

A PROPOSED PROGRAM OF STUDIES for the Master of Science in Applied Science and Technology Degree in _____ Radiological Health Science _____ . THESIS PLAN (36 Semester Hours)

Student Name: _____ **ASU ID:** _____
Address: _____ **Date:** _____

CORE COURSES REQUIRED (12 Hours)

Course No.	Title	Credit Hours	Date to be Taken	Date Completed	Grade
ST 510	Research Methods in AS & T	3			
ST 512	Mathematics for AS & T	3			
ST 514	Computation in AS & T	3			
ST 516	Project Management	3			

THESIS REQUIRED COURSES (6 Hours)

Course No.	Title	Credit Hours	Date to be Taken	Date Completed	Grade
ST 610A	Thesis A	3			
ST 610B	Thesis B	3			

RESTRICTED ELECTIVES (18 Hours per Approval of Advisor)

Course No.	Title	Credit Hours	Date to be Taken	Date Completed	Grade
ST 571	Intro to Radiation Health Physics	3			
ST 572	Radiation Detection and Measurement	3			
ST 573	External Dosimetry	3			
ST 574	Radiation Regulations	3			
ST 575	Advanced Radiobiology	3			
ST 576	Internal Dosimetry	3			
ST 577	Radiochemistry	3			

TRANSFER COURSES (6 Hours)

Course No.	Title	Hrs	Date to be Taken	Date Completed	Grade

APPROVED:

Student: _____

Graduate Advisor: _____

Department Chairperson/Dean: _____