

Master's Degree Program and Certification Form

Degree sought (circle one) MS MA

Name of Student: _____

BS/BA from: _____ Major: _____

Date entered MU M.S. program: _____ Conditions: _____

Major Professor: _____ Date Selected: _____

Comprehensive Examination Committee* _____ Date Selected: _____

Department Chair Approval: _____ Date: _____

* Committee approval must be obtained before first committee meeting.

MINIMUM BACKGROUND PREPARATION (indicate when and where courses were taken or how made up)

General Biology or General Botany: _____

Genetics or Evolution: _____

Organic Chemistry or Biochemistry: _____

COURSE REQUIREMENTS (indicate course, MU or otherwise, date taken or to be taken)

BOT 600.A Pedagogy for Grad Students MU Sum IV _____

BOT 660. Graduate Colloquium MU FALL _____

Seminar (at least one seminar course is required for graduation)

Core Area Requirements (2 areas to be demonstrated by MU Botany graduate courses; the third by the same, by an advanced undergraduate course, or by examination, see guidelines)

a) _____

b) _____

c) _____

Additional Courses (minimum of 1 pedagogical Botany graduate course here)

Initials of comprehensive exam committee approving plan of study: _____

_____ Date: _____

Date passed: _____ Committee initials: _____

Thesis / Internship Committee* Date Selected: _____

Major Advisor: _____

2 Additional Members: _____

Department Chair Approval: _____ Date: _____

* Committee must be approved before first committee meeting.

Checklist of Progress and Requirements

Comprehensive Examination Committee Appointed Date: _____

Comprehensive Examination Passed Date: _____

Thesis / Internship Committee Appointed Date: _____

Thesis / Internship Proposal Approved (BOT Form G-2 submitted) Date: _____

Thesis / Internship Defense (GS Form D-6 submitted) Date: _____

Thesis / Internship Approved and Submitted Date: _____

Certificate for awarding the MS (GS Form G-6 submitted) Date: _____

Title of Thesis / Internship: _____

_____ Exit Interview with Departmental Chair or Graduate Advisor Date: _____

Permanent contact address: