

Master's Degree – Ecology Degree Program and Certification Form

Name of student: _____

BS/BA from: _____ Date: _____ Major: _____

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

Masters Committee Membership *

Major professor: _____ Date selected: _____

For additional committee members, indicate home department and, by means of an asterisk, those faculty who are Ecology Program Faculty Associates)

At least 2 other members:

Program Chair Approval: _____ Date: _____

*Program Chair approval must be obtained BEFORE committee meeting.

MINIMUM BACKGROUND PREPARATION: (Indicate when and where courses were taken, or how made up)

Ecology: _____

Physiology: _____

Genetics: _____

Systematics/Taxonomy/Biodiversity: _____

Calculus: _____

COURSE REQUIREMENTS: (Indicate course, institution, date taken or to be taken)

Course	Institution	Term	Year
BOT 600.A Pedagogy for Grad Students	MU	Sum IV	_____
BOT 660. Graduate Colloquium	MU	FALL	_____
Graduate Ecology Seminars (at least 2 semesters)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Formal Course Requirements

Course	Institution	Term	Year
Population/community ecology:			
Ecosystem/global ecology:			
Statistics or mathematical modeling:			
Botany course:			
Other:			

Date and initials of committee approving plan of study above: _____

Checklist of Progress and Requirements

- Comprehensive Examination Committee Appointed Date: _____
 - Comprehensive Examination passed Date: _____
 - Thesis Committee Appointed Date: _____
 - Thesis Proposal Approved (BOT Form G-2) Date: _____
 - Thesis Approved and Submitted Date: _____
 - Certificate for awarding the MS (GS Form D-6 submitted) Date: _____
 - Final Title of Thesis: _____
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- Exit Interview with Departmental Chair, Ecology Program Chair or Departmental Graduate Advisor Date: _____

Permanent contact address: