WAYNE STATE UNIVERSITY

SCHOOL OF MEDICINE
GRADUATE PROGRAMS

MASTER OF SCIENCE

Plan-of-Work & Petition for Candidacy

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

STUDENT NAME _____ I.D.#. _____ DATE_____
Last First

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

MAJOR: _Biochemistry & Molecular Biology (BMI 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 (suggested)	3		
Winter	BMB7330	Advanced Molecular Biology (suggested)	2		
Winter		Course(s)	2		
Spr/Sum		Course(s)	2		
Fall	BMB7890	Journal Club	1		
Fall		Course(s)	2		
Fall	BMB8999	Master's Thesis Research and Directed Study	5		
Winter	BMB 7890	Journal Club	1		
Winter	BMB8999	Master's Thesis Research and Directed Study	3		
Totals Hours in Degree Program ……..……..TOTALS: ___30___			Must total 30 credits		

*choose one with advisor approval

8 must be BMB 8999

APPROVED BY: _____, Advisor Date: _____

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

CANDIDACY RECOMMENDED BY:

_____ / _____
M.S. Program Director *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***