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: _Immunology and Microbiology (BMI Dept.)_ Advisor _____ Degree Plan: ____

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.
Totals Hours in Degree Program ……..……..TOTALS: _____					

APPROVED BY: _____, Advisor Date: _____

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

CANDIDACY RECOMMENDED BY:

_____ / _____
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***