Oklahoma State University Center for Health Sciences
PLAN OF STUDY FOR GRADUATE STUDIES

Check One: _____ M.S. Thesis,
_____ M.S. non-thesis (report)
_____ M.S. non-thesis (creative)
_____ M.F.S.A.
_____ Ph.D.

The plan of study should be completed and filed with Student Affairs

_____

Last Name (Surname) First Name Middle Initial Student ID Number

Colleges attended with degrees and date: _____

_____

Program: ☐ Biomedical Sciences Discipline:_____
☐ Forensic Sciences

Area of specialization: _____ Minor subject for the degree: _____

List Committee Members (**please type**):

1)_____ 2) _____ 3)_____
Chair Member Member

4) _____ 5) _____ 6) _____
Member Outside Member Dissertation Advisor if different from Chair

Will your research involve the use of human subjects? (Check one) _____ YES or _____ NO
Will your research involve the use of animals? (Check one) _____ YES or _____ NO
Will your research be in a laboratory that uses radioisotope? (Check one) _____ YES or _____ NO
Will your research involve recombinant DNA? (Check one) _____ YES or _____ NO
Will your research involve the use of infectious agents? (Check one) _____ YES or _____ NO

List all graduate courses required for the degree
(courses used for previously earned degrees cannot be included)

Course Prefix and Number	Course Title	Institution Name	Semester/Year	Credit Hours

(Continue on additional pages if necessary)

Course Prefix and Number	Course Title	Institution Name	Semester/Year	Credit Hours

(Discard this page if it is not necessary)

Course Prefix and Number	Course Title	Institution Name	Semester/Year	Credit Hours

Total Course Credit Hours: _____

Total Research Credit Hours: _____

Total Program Credit Hours: _____

Anticipated Date of Graduation _____

I understand that the approval of this plan of study is conditional and is based on the assumption that I will complete my degree within the appropriate time period. In addition, I understand that no course on the plan of study can be older than 10 years at the time of graduation. If these conditions are not met, I understand that a new plan of study must be submitted for approval.

_____
Student's Signature

APPROVAL SIGNATURES

COMMITTEE:

_____ Chair

_____ Member

_____ Member

_____ Member

_____ Outside Member

_____ Dissertation Advisor if different From Chair

_____ Program Director

_____ Associate Dean for Graduate Studies

Do not write in this box (office use only).

Date Plan Was Received At the Graduate Office:

Date All Transcripts and/or Corrections Received at the Graduate Office:

Date Plan Was Approved at the Graduate Office:

Semester of First Enrollment: _____ Plan of Study Valid Through: _____