

Graduate Degree Plan

The graduate advisor, in consultation with the student, will complete this form after all undergraduate deficiencies have been addressed, required standardized tests have been completed, and the student has earned no more than 18 hours of graduate credit in the degree program. This form will be submitted to the Department Chair and, after approval, a copy will be sent to the program coordinator, the student, and the Office of Academic Administration. Candidates for graduate degrees must complete the program's required comprehensive exams or equivalent before graduation. An advisor should not complete a Graduate Degree Plan form while the student is on probation or has a GPA of less than 3.00.

STUDENT NAME: _____ STUDENT ID: _____

CANDIDATE FOR: MS MPH PhD Other (please indicate): _____

MAJOR or PROGRAM: Biotechnology

REQUIRED ADDITIONAL COURSES: _____

List courses completed and courses proposed to be completed for the degree below. The distribution of courses must comply with the requirements of the General Academic Catalog and any School Catalog/Bulletin from which the student intends to graduate.

MAJOR

Course #	Title	Credit Hours	Completed		Grade
			Where*	Term/Year**	
BIOT 5211	Advanced Biotechniques	2	UTHSCT	Fall (Y1)	
BIOT 5211L	Advanced Biotechniques Lab	2	UTHSCT	Fall (Y1)	
BIOT 5310	Fundamentals of Biomedical Research	3	UTHSCT	Fall (Y1)	
BIOT 5312	Molecular Biochemistry	3	UTHSCT	Fall (Y1)	
BIOT 5101	Biotech Research Seminar I	1	UTHSCT	Fall (Y1)	
BIOT 5221	Proteins and Nucleic Acids	2	UTHSCT	Spring (Y1)	
BIOT 5221L	Proteins and Nucleic Acids Lab	2	UTHSCT	Spring (Y1)	
BIOT 5222	Advanced Metabolism	2	UTHSCT	Spring (Y1)	
BIOT 5222L	Advanced Metabolism Lab	2	UTHSCT	Spring (Y1)	
BIOT 5131	Critical Readings I	1	UTHSCT	Spring (Y1)	
BIOT 5101	Biotech Research Seminar I	1	UTHSCT	Spring (Y1)	
BIOT 6336	Biophysical Chemistry	3	UTHSCT	Summer (Y1)	
BIOT 6334/6335	Elective: Advanced Immunology or Tissue Culture	3	UTHSCT	Summer (Y1)	

*UTHSCT course or Transfer courses (not to exceed 12 hours).

**Must be within 6 years of graduation date.

TOTAL _____

AVERAGE _____

Advisor Signature _____ Date _____ Student Signature _____ Date _____

Department Chair Signature _____ Date _____ Office of Academic Administration _____ Date _____