SCHOOL OF BIOMEDICAL SCIENCES PROGRAM OF STUDY

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Banner ID: \_\_\_\_\_\_ Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_

M.S. \_\_\_\_\_\_ Ph.D. \_\_\_\_\_\_ Program Committee \_\_\_\_\_ Date of acceptance: \_\_\_\_\_\_\_\_\_

Guidance Committee (Please type or print below):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Advisor
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Background:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Institution: Name and Location) (Dates of attendance) (Major) (Degree/Year)

Current GPA: \_\_\_\_\_\_ (minimum 3.0 required) Coursework hours completed: \_\_\_\_\_\_\_

Proposed Schedule:

Completion of coursework: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Topic approval (if MS) \_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated date of candidacy exam if PhD: \_\_\_\_\_\_\_\_ Anticipated Option: One or Two

(See page 7 of Student Handbook)

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Relevant coursework taken prior to enrolling at Kent State:

|  |  |
| --- | --- |
| Course (number and name) Credit hours | Course (number and name) Credit hours |
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Kent State Coursework completed or in progress:

|  |  |
| --- | --- |
| Course (number and name) Credit hours | Course (number and name) Credit hours |
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| --- | --- |
| Course (number and name) Credit hours | Course (number and name) Credit hours |
|  |  |
|  |  |

Committee Approval of Program of Study Date

Approval of Director, School of Biomedical Sciences

Revised 10/2014