

**ENTOMOLOGY GRADUATE PROGRAM  
STUDENT'S PLAN OF STUDY, MASTERS PLAN A**

Name \_\_\_\_\_ Date \_\_\_\_\_

Advisor/ Temporary Advisor \_\_\_\_\_ Expected Date of Degree \_\_\_\_\_

**A. Required Courses for Graduate Credit:**

<u>Title</u>	<u>Dept.</u>	<u>Course</u>	<u>Credit</u> <u>Hours</u>	<u>Qtr/Yr. To</u> <u>be taken</u>	<u>Qtr/Yr.</u> <u>completed</u>	<u>Grade</u>
Insect Syst. & Divers.	ENT	621	5	_____	_____	_____
Insect Physiology	ENT	631	5	_____	_____	_____
Insect Morphology	ENT	623	5	_____	_____	_____
Special Topic	ENT	795	1	_____	_____	_____
(at least one of the following)						
Advanced Econ. Ent.	ENT	660	5	_____	_____	_____
Medical Entomology	ENT	661	5	_____	_____	_____
Principles of Insect Toxicology	ENT	662	5	_____	_____	_____

**B. Additional Courses for Graduate Credit**

_____	_____
_____	_____
_____	_____
_____	_____

**C. Essential Non-Credit Courses**

_____	_____
_____	_____

**D. Other Non-Credit Requirements**

_____	_____
_____	_____

**E. Planned Graduate Credit Hours**  
(Must be ≥45)

\_\_\_\_\_

**Graduate Credit Hours in Entomology**

\_\_\_\_\_

**E. Signatures of Student and Advisory Committee. Print or Type Name of Student and Committee Member Under Signatures.**

Student \_\_\_\_\_

Advisor \_\_\_\_\_

(typed) \_\_\_\_\_

(typed) \_\_\_\_\_

Advisory Committee Signatures:

\_\_\_\_\_

Graduate Studies Committee Approved (Signature of Chair )

Date