

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

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 Physiology	ENT	631	5	_____	_____	_____
Insect Morphology	ENT	623	5	_____	_____	_____
Special Topic	ENT	795	1	_____	_____	_____
Individual Studies (Literature Review)	ENT	693	var.	_____	_____	_____

B. Courses for Graduate Credit

_____	_____
_____	_____
_____	_____
_____	_____

C. Essential Non-Credit Courses

_____	_____
_____	_____

D. Other Non-Credit Requirements

_____	_____
_____	_____

E. Required Areas of Competency in Addition to General Entomology

_____	_____
_____	_____
_____	_____

F. Planned Graduate Credit Hours
(Must be ≥45)

Graduate Credit Hours in Entomology
(Must be ≥35)

_____	_____
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F. Signatures of Student and Advisory Committee. Print or Type Name of Student and Committee Member Under Signatures.

Student _____
(typed) _____

Advisor _____
(typed) _____

Advisory Committee Signatures:

Graduate Studies Committee Approved (Signature of Chair)

Date