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|  | Specialized MS Programs Degree Plan |

**Name:**

**EMPL ID:**

**Discipline:**

*Responsibility for reading catalog requirements and for knowing when the program has been completed rests entirely upon the student. Application for graduation must be filed in the Graduate School of Biomedical Sciences before the deadline date in force during your final semester. See the current academic calendar for the deadline date.*

## Summary *of* Credits Proposed *for the* Master *of* Science Program

      **Semester hours at UNTHSC**       **Semester hours elsewhere**

**Tentative Program Approval:**

*(Signatures required; insert name underneath signature line)*

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

*, Major Professor*

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

*, Committee Member*

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*, Committee Member*

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*, Committee Member (Optional)*

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*, Program Directo4*

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*Lisa Hodge, Ph.D., Assistant Dean for Specialized Masters Programs*

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*Dean or Designee Date*

**Courses *for* Master *of* Science Degree**

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| **Approved courses from other institutions**: *(Include name of institution in parentheses after course title. Attach a copy of the course description from the catalog in effect at the time you completed the course or the course syllabus. )* | | | | |
| ***Dept*** | ***Course***  ***Number*** | ***Title*** | ***SCH*** | ***Semester***  ***to be Completed*** |
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| **Courses from UNT Health Science Center:** *(Please skip one line between semesters)* | | | | |
| ***Dept*** | ***Course***  ***Number*** | ***Title*** | ***SCH*** | ***Semester***  ***to be***  ***Completed*** |
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| **Courses from UNT Health Science Center:** *(Please skip one line between semesters)* | | | | |
| ***Dept*** | ***Course***  ***Number*** | ***Title*** | ***SCH*** | ***Semester***  ***to be***  ***Completed*** |
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