Master of Science in Bioscience Administration

Program Plan of Study

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Name:			Student ID:			
Advisor:				Year of Entry:		
Phone:			Email:	Email:		
In the tab Professio	les below, ple onal Education	n Operations Manager.	n to take. Please sign form and	·		
		k are required to fulfill the	degree requirements of the Ma	ster of Bioscience A	Administration.	
Track: I	Life Science					
		emistry and Biochemistry I	Department:	I ~	Ta .:	
Grade	Course #	Course Title		Semester	Credits	
				<u> </u>		
6-12 Cred	dits within Bio	logy and Biotechnology Do	epartment:			
Grade	Course #	Course Title	1	Semester	Credits	
6 12 Crac	lita Managama	ent Coursework:				
Grade	Course #	Course Title		Semester	Credits	
31444					2104105	
	ts Elective Co			I ~		
Grade	Course #	Course Title		Semester	Credits	
Checklis	. .					
		linary degree no more tha	n half of the academic credit ca	n he taken in anv oi	ne denartment	
101	an interdiscip	milary degree, no more than	i nan of the academic credit ca	ii oc taken in any oi	ic department.	
Student Signature:					Date:	
_	ture of the adv	visor on the applicant's Pla ence in Bioscience Adminis	n of Study represents approval	of the selected cour	sework for the degre	
1 - 6						
Advisor:_						
Print Name			Signature		Date	