Plan of Study, Master’s Plan B

Name  Date

Advisor/Temporary Advisor  Expected Date of Degree

A. Required Courses for Graduate Credit (Must be $\geq 28$ Entomology course credits; Minimum total credits to graduate $\geq 30$; 80% classes taken at OSU):

<table>
<thead>
<tr>
<th>Credit Hours</th>
<th>Sem/Yr. To be taken</th>
<th>Sem/Yr. completed</th>
<th>Grade</th>
</tr>
</thead>
</table>

**All three** must be taken:
- Insect Physiology and Molecular Biology
- Insect Ecology and Evolutionary Processes
- Field Insect Taxonomy

<table>
<thead>
<tr>
<th>Credit Hours</th>
<th>Sem/Yr. To be taken</th>
<th>Sem/Yr. completed</th>
<th>Grade</th>
</tr>
</thead>
</table>

**Two of the following** four must be taken:
- Entomological Techniques and Data Analysis
- Molecular Techniques and Data Analysis
- Systems Analysis from Molecules to Ecosystems

<table>
<thead>
<tr>
<th>Credit Hours</th>
<th>Sem/Yr. To be taken</th>
<th>Sem/Yr. completed</th>
<th>Grade</th>
</tr>
</thead>
</table>

**Two of the following** four must be taken:
- The Nature and Practice of Science
- Presentation Skills for Scientists
- Scientific Writing and Grant Proposal Development
- Interdisciplinary Research, Leadership and Team Work

<table>
<thead>
<tr>
<th>Credit Hours</th>
<th>Sem/Yr. To be taken</th>
<th>Sem/Yr. completed</th>
<th>Grade</th>
</tr>
</thead>
</table>

**Three of the following** four must be taken:
- Ecology and Management of Pathogens & Insects Affecting Trees in Forest & Urban Environments
- Aquatic Insect Biology and Ecology
- Insect Behavior
- Biological Control of Arthropod Pests Principles and Applications of Integrated Pest Management
- Human Health Entomology
- Insect Morphology
- Pesticide Science

<table>
<thead>
<tr>
<th>Credit Hours</th>
<th>Sem/Yr. To be taken</th>
<th>Sem/Yr. completed</th>
<th>Grade</th>
</tr>
</thead>
</table>

and Research and Training Seminar
and Seminar
and Individual Studies
F. Additional Courses for Graduate Credit

____________________________  ___________________________
____________________________  ___________________________
____________________________  ___________________________
____________________________  ___________________________
____________________________  ___________________________
____________________________  ___________________________
____________________________  ___________________________

G. Essential Non-Credit Courses

____________________________  ___________________________
____________________________  ___________________________
____________________________  ___________________________
____________________________  ___________________________
____________________________  ___________________________
____________________________  ___________________________
____________________________  ___________________________

H. Other Non-Credit Requirements

____________________________  ___________________________
____________________________  ___________________________
____________________________  ___________________________
____________________________  ___________________________
____________________________  ___________________________
____________________________  ___________________________

I. 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 Chair Signature:  Date: