

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):

				<u>Credit Hours</u>	<u>Sem/Yr. To be taken</u>	<u>Sem/Yr. completed</u>	<u>Grade</u>
All three must be taken:							
Insect Physiology and Molecular Biology	ENT	6310	3	_____	_____	_____	_____
Insect Ecology and Evolutionary Processes	ENT	6410	3	_____	_____	_____	_____
Field Insect Taxonomy	ENT	5130	3	_____	_____	_____	_____
Two of the following four must be taken:							
Entomological Techniques and Data Analysis	ENT	6702	2	_____	_____	_____	_____
Molecular Techniques and Data Analysis	ENT	6703	2	_____	_____	_____	_____
Systems Analysis from Molecules to Ecosystems	ENT	6704	2	_____	_____	_____	_____
Two of the following four must be taken:							
The Nature and Practice of Science	ENT	7910	2	_____	_____	_____	_____
Presentation Skills for Scientists	ENT	7920	2	_____	_____	_____	_____
Scientific Writing and Grant Proposal Development	ENT	7930	2	_____	_____	_____	_____
Interdisciplinary Research, Leadership and Team Work	ENT	7940	2	_____	_____	_____	_____
Three of the following four must be taken:							
Ecology and Management of Pathogens & Insects Affecting Trees in Forest & Urban Environments	ENT	5110	3	_____	_____	_____	_____
Aquatic Insect Biology and Ecology	ENT	5120	3	_____	_____	_____	_____
Insect Behavior	ENT	5420	3	_____	_____	_____	_____
Biological Control of Arthropod Pests	ENT	5500	3	_____	_____	_____	_____
Principles and Applications of Integrated Pest Management	ENT	5600	3	_____	_____	_____	_____
Human Health Entomology	ENT	5605	2	_____	_____	_____	_____
Insect Morphology	ENT	5623	2	_____	_____	_____	_____
Pesticide Science	ENT	5800	2	_____	_____	_____	_____
and Research and Training Seminar	ENT	8800	1	_____	_____	_____	_____
and Seminar	ENT	8000	1	_____	_____	_____	_____
and Individual Studies	ENT	6193	1	_____	_____	_____	_____

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:
