

Plan of Study, Doctorate

Name _____ Date _____

Advisor/Temporary Advisor _____ Expected Date of Degree _____

A. Required Courses for Graduate Credit (Must be ≥ 23 Entomology course credits; Minimum total credits to graduate ≥ 80 . Must be 80 credit hours beyond B.S.; 50 credit hours beyond M.S. at OSU, a minimum of 24 completed at this university after M.S.):

				<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	_____	_____	_____	_____
All three 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	_____	_____	_____	_____
Three 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	_____	_____	_____	_____
and Research and Training Seminar	ENT	8800	1	_____	_____	_____	_____
and Seminar	ENT	8000	1	_____	_____	_____	_____

J. Additional Courses for Graduate Credit

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

K. Essential Non-Credit Courses

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

L. Other Non-Credit Requirements

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

M. 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:
