CALIFORNIA STATE UNIVERSITY, LONG BEACH
DEPARTMENT OF BIOLOGICAL SCIENCES

GRADUATE PROGRAM FOR THE MASTER OF SCIENCE IN BIOLOGY

Student's Name _____ Student's Signature _____ Date _____

I.D. # _____ Address _____ Zip _____ Telephone (____) _____

COURSE NO.	COURSE TITLE	300/400 UNITS	500/600 UNITS	Sem. Taken	Grade
BIOL 698	Thesis		6		
BIOL 697	Directed Research				
BIOL 696A	Research Design		2		
BIOL 696B	Scientific Communication		2		
BIOL 580	Seminars		1		
	Seminar in		2		
	Seminar in		2		
		+	=		UNITS

WPE: _____

APPROVALS, THESIS COMMITTEE:

Chair _____ Date _____ Department Graduate Advisor _____ Date _____

Member _____ Date _____ Department Chair _____ Date _____

Member _____ Date _____ Assoc. Dean, College of Natural Sciences & Mathematics _____ Date _____

(Any modification of this program must be made on a CHANGE OF GRADUATE PROGRAM FORM)