

University of North Texas

Environmental Science Professional Science Master's Degree Plan

(please type)

The Professional Science Master's degree has a five (5) year time limit, meaning that any course that exceeds the five year time limit will not count for the PSM degree. Responsibility for reading catalog requirements and for knowing when program has been completed rests entirely with the student. Application for graduation must be filed in the office of the Toulouse School of Graduate Studies before the appropriate deadline date (see Graduate School calendar).

Name: _____ ID #: _____
(last) (first) (middle)

_____ (address) (city) (state) (zip)

SUMMARY OF DEGREE PLAN

	at UNT	Elsewhere	TOTAL
Semester hours:	_____	_____	_____

Date (semester/year) by which degree must be completed _____ Graduation date/year _____

PROGRAM APPROVAL

(typed name) (signature)

Major Professor _____

Committee Member _____

Committee Member _____

Committee Member _____

Graduate Coordinator _____

Department Chair _____

Dean, Graduate School _____

Date Approved _____

Name: _____
(last) (first)

ID #: _____

List UNT and Transfer courses by prefix, number and title. Indicate where transfer courses were taken. Official transcripts showing transfer work must be on file in TGS. Indicate transfer courses by asterisks (*), list by prefix, and number as they appear on transcripts.

	Course Prefix & Number	Course Title	Semester Hours	Date
Leveling Requirements: (if applicable)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Core Requirements:	BIOL 5030	Foundations of Environmental Science		_waived_
	BIOL 5860	Biology Seminar	1	_____
	_____	Statistics	_____	_____
Distribution Requirements				
All Master's students must take 3 classes from 3 different distribution (thematic) groups – <u>list group and courses below</u> .				
Distribution Group:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Electives:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
PLUS:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Internship:	_____	Special Problems	_____	_____
	_____	Special Problems	_____	_____
			TOTAL:	_____

**Professional MASTER'S COMMITTEE
FORM**

Type the following information in the space provided. Ask your Major Professor and Committee Members to sign in the appropriate space. The completed form must be submitted to the Graduate Advisor by the time you file your Degree Plan.

Student: _____ Date: _____

ID #: _____

Matriculation date: _____

Planned graduation date: _____

Major Professor: _____

Signed: _____

Committee Member: _____

Signed: _____

Committee Member: _____

Signed: _____

Committee Member: _____

Signed: _____