

Application to the Combined Degree Program in Biological Sciences



Last Name

First Name

Middle

UID #

Which track of the MSc in Biological Sciences are you applying to

Thesis

Non-thesis

Briefly (200 words max) describe why you would like to enroll in the Combined Degree Program in Biological Sciences. Answers should address educational and / or career goals and how this experience will impact those.

Thesis-track students only: In 300 words or less, please describe your proposed research project.

Student's Signature

Date

Application to a Combined Degree Program at Wright State University

Date Submitted: _____ University ID # _____

Name: _____
Last First Middle

Email Address: _____ Phone # _____

Undergraduate major: _____

Combined Program that you are applying to: _____

Anticipated first term to register for graduate coursework while still an undergraduate:

Fall Spring Summer 20 _____

The following criteria must meet minimum departmental requirements:

- Total undergraduate hours earned toward BS degree: _____
- Current undergraduate GPA at WSU: _____
- Required departmental courses to date completed with appropriate GPA
- Graduate Program of Study appropriate to the desired thesis track is attached
- Application to the Combined Degree Program in Biological Sciences is attached

By signing, I understand that, should I fail to move directly from my undergraduate program into my graduate program, I will need to apply for admission to the graduate program, and graduate hours I earned before receiving my bachelor's degree may not satisfy degree requirements in that graduate program.

STUDENT SIGNATURE (Required) DATE

FOR DEPARTMENTAL USE ONLY

Cumulative Hours _____ GPA (overall) _____ GPA (major) _____

Checked by: _____ Date: _____
Signature

APPROVED BY:

Undergraduate Advisor Date: _____

Graduate Advisor Date: _____

Program Director Date: _____

Please return approved form to the Graduate Programs & Honors Studies at wsugrad@wright.edu

Graduate Programs & Honors Studies Approval _____ Date _____

Program of Study
Department of Biological Sciences
Wright State University

10/30/2024

Degree Program

Student's Name (last, first, middle) _____

UID# _____

Degree and major sought: **Master of Science in Biological Sciences**

Thesis Required? Yes No

Projected Completion Date: _____

Department and College: **Department of Biological Sciences, College of Science and Mathematics**

Planned Graduate Program minimum of 30 credit hours

Dept. Name	Course Number	Semester hr. of Credit	Course Title	Req.	Elective	Trans.	Grade	Sem./Yr.
BIO	6080	3.0	Writing in the Biological Sciences	x				
BIO		1.0	* Graduate Seminar	x				
BIO		1.0	* Graduate Seminar	x				
BIO		1.0	* Graduate Seminar	x				
BIO	7020 or 6200		Intro to Research or Design. Biol. Exp.	x				
BIO	8990		Graduate Research	x				

Student: _____

Advisor: _____

Dept. Chair: _____

Committee Members**:

* 3 Graduate Seminar are required. 2 must have a BIO prefix (BIO8000, 6020, or

**Program of Study
Department of Biological Sciences
Wright State University**

11/21/2024

Degree Program

Student's Name (last, first, middle) _____

UID# _____

Degree and major sought: **Master of Science in Biological Sciences**

Thesis Required? Yes No

Projected Completion Date: _____

Department and College: **Department of Biological Sciences, College of Science and Mathematics**

Planned Graduate Program

minimum of 30 credit hours

Dept. Name	Course Number	Semester hr. of Credit	Course Title	Req.	Elective	Trans.	Grade	Sem./Yr.
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BIO		1.0	* Graduate Seminar	x				
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BIO		1.0	* Graduate Seminar	x				
BIO		1.0	* Graduate Seminar	x				
BIO	7020 or 6200		Intro to Research or Design. Biol. Exp.	x				
BIO	6990	4.0 - 6.0	Special Problems in Biology	x				
BIO	7990	1.0 - 4.0	Literature Critique	x				

Student: _____

Advisor: _____

Dept. Chair: _____

Committee Members**:
