

**Department of Bioinformatics and Computational Biology
Bioinformatics M.S. Plan of Study**

Effective Date: _____

Name: (print) _____ **Student ID:** _____

REQUIREMENT	# of CREDITS	TERM (e.g., Fall 2008)	GRADE, or T = transfer, W = Waiver
FUNDAMENTAL BIOSCIENCES			
BINF 704 Colloquium			
BINF 631 Molecular Cell Biol for Bioinformatics			
BIOINFORMATICS CORE			
BINF 630 Bioinf Methods			
BINF 634 Bioinf Programming			
BINF 734 Adv Bioinf Prog			
BINF 730 or higher			
ELECTIVES			
RESEARCH			
BINF 798 Research Project, or BINF 799 Master's Thesis			
BINF 799 Master's Thesis			

Plan of Study Approval

Project or Thesis title, if known: _____

Advisor Name: _____ **Signature:** _____ **Date:** _____

Program Director Name: _____ **Signature:** _____ **Date:** _____

Thesis Committee Approval

Committee Member Name: _____ **Signature:** _____

Committee Member Name: _____ **Signature:** _____

Dept. Chair Name: _____ **Signature:** _____ **Date:** _____

Original: Student's departmental file
Copy: COS Dean's office