

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

Effective Date: _____

Name: (print) _____ Student ID: _____

REQUIREMENT	TERM (e.g., Fall 2008)	GRADE, or T for transfer, W for Waiver
BIOINFORMATICS CORE		
BINF 630 Bioinf Methods		
BINF 631 Mol Cell Bio for Bioinf		
BINF 634 Bioinf Programming		
One of : BINF 633 Molecular Biotechnology BINF 636 Microarray Meth/Anal BINF 650 Data Modeling for Binf		
BINF 730 or higher		
MANAGEMENT CORE *		
MBA 638 Managing Operations		
MBA 712 Project Management		
TECM 615 Decision Making...		
TECM 640 Mgt of...Professionals		
CAPSTONE		
BINF 798 Research Project		

Plan of Study Approval

Project title, if known: _____

Advisor Name: _____ Signature: _____ Date: _____

Program Director Name: _____ Signature: _____ Date: _____

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

* For registration assistance, contact the MBA Programs Assistant Director at 703.993.2216