

State University College at Buffalo
 1300 Elmwood Avenue
 Buffalo, NY 14222

**APPLICATION FOR ADMISSION TO CANDIDACY
 MASTER OF SCIENCE IN EDUCATION
 BIOLOGY**

(To be submitted after completion of at least six (6), but not more than twelve (12) credit hours.)

NAME _____ STUDENT NO. _____
 (Last) (First) (M.I.)

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

NOTE: A MINIMUM OF 15 HOURS OF GRADUATE WORK MUST BE COMPLETED IN 600-700 LEVEL COURSES.

REQUIRED COURSES

SCIENCE EDUCATION (9 Hrs.)

	Sem. Hrs.	Grade	Anticipated Completion Date
SCI 628 Sem. in Sec. Education	3.0	_____	_____
SCI 632 Curric. Trends Sec. Sci.	3.0	_____	_____
SCI 685 Eval. in Sci. Educ.	3.0	_____	_____

BIOLOGY* (12-15 Hrs.)

	Sem. Hrs.	Grade	Anticipated Completion Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RESEARCH COMPONENT (3-6 Hrs.)

BIO 690 Master's Project (3) OR	_____	_____	_____
BIO 695 Master's Thesis (6)	_____	_____	_____

ELECTIVE* (3 Hrs.)

_____	_____	_____	_____
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MINIMUM PROGRAM REQUIRMENTS: 30 Hrs.

* Courses to be selected by advisement

The following courses completed at OTHER INSTITUTIONS are presented for evaluation as part of the Master's Degree. (10 semester hours maximum for graduates of SUNY units or if work is being transferred from other units of SUNY; in all other instances, 6 semester hours is the maximum hours eligible for transfer.) Only courses with grade A or B are acceptable. *Official transcripts must be sent by the college or university to the Office of Graduate Studies.*

Name of Institution	Course	Sem. Hrs.	Grade	Anticipated Completion Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

 This program as outlined above has been reviewed. The applicant agrees to complete the program as described in order to meet the degree requirements. The candidate further agrees to abide by all regulations published in the graduate catalog.

 Date Candidate

 Date Advisor

 Date Department Chair

 Date Dean, FNSS

NOTE: Changes in approved program must be requested on the form available from Department or Graduate Office. Changes must be approved by Advisor, Department Chair, and Faculty Dean.

White Copy - DEAN FNSS :: Green Copy - GRADUATE STUDIES :: Canary Copy - ADVISOR :: Pink Copy - DEPT. CHAIR :: Gold Copy - STUDENT