Request to Apply for a Terminal Master's Degree



Date:

THE GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

BAYLOR COLLEGE OF MEDICINE

(See Article 9.11.1, Graduate School Policy Handbook for guidelines)
Submit to Graduate School N204

Registrar/Graduate Program/GSBS File

Processed by:

			_ BCM ID #:	
Graduate Program:			(Are you also in the MD/PhD Program? Yes	No)
CERTIFICATION O	F ELIGIBILITY	(to be comp	oleted by the Graduate School after form is comple	ted with all signatures)
			: Current Academic Stand	
Graduate School Author	ized Signature :		Da	te:
G	SSBS Requirem	ents for	the Terminal Master's Degree	
Γ	Deadline to complete	written ma	aster's thesis:	_
Date for M.S. thesis	s presentation and ex	xamination	by the thesis committee:	
	Deadline for gra	nduation ar	nd payment of fees	
Pr	ogram Require	ments fo	or the Terminal Master's Degre	ee
Is a public lec	ture required?Yes	No	If yes, the date of the lecture is:	
Other Program Requirements:				
The Frogram Requirements.				
	's Signature:		Date:	
			Date:	Date
EQUIRED APPROVALS:				
REQUIRED APPROVALS:				
EQUIRED APPROVALS:				
REQUIRED APPROVALS: Thesis Committee - N				
REQUIRED APPROVALS:	Name (Print)		Signature	Date
REQUIRED APPROVALS: Thesis Committee - N	Name (Print)		Signature	Date
REQUIRED APPROVALS: Thesis Committee - N Major Advisor (s)	Name (Print)		Signature	Date