Texas Tech University – Department of Plant and Soil Science
Departmental Master’s (Non-Thesis) Program of Study Approval Form

Note: Submission of this form to the PSS Graduate Programs Advisor is required before the Graduate School Degree Program Form can be approved.

Full legal name of student: ____________________________________________________________

M.S. in Plant and Soil Science: ______  Concentration: ________________________________
Crop Protection, Crop Science, Fibers and Biopolymers, Soil Science

Master of Horticultural Science: ______

Required coursework: (As listed in the Graduate School Degree Plan Form; Minimum of 36 credits)

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<th>Course Number*</th>
<th>Course Title</th>
<th>Credits</th>
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*If course is being transferred from another institution, indicate in parenthesis the course equivalent at TTU. Leveling courses required by the student’s advisory committee must not be included in the list. Attach an extra page for course list if necessary.
Degree requirement audit:

Graduate course credits in Plant and Soil Science (minimum of 12): ________

PSS5001 credits (not more than 6): ________

Accepted graduate course credits completed at another institution: ________

Other graduate course credits outside of Plant and Soil Science: ________

Total coursework to satisfy degree requirements (minimum of 36): ________

Committee Approval:

Chair: ___________________________    ___________________________    ___________
Printed Name                      Signature                      Date

Co-chair: ___________________________    ___________________________    ___________
Printed Name                      Signature                      Date

Member: ___________________________    ___________________________    ___________
Printed Name                      Signature                      Date

Member: ___________________________    ___________________________    ___________
Printed Name                      Signature                      Date

Member: ___________________________    ___________________________    ___________
Printed Name                      Signature                      Date