

Departmental Master's (Thesis) Program of Study Approval Form

Full legal name of stu	udent:		R#:		
		Master of Horticultural Science			
Concentration: T Crop Protection, Crop Science, Soil Science, Fibers and Biopolymers		Thesis title:			
Required Coursewor	k (as listed in the Gradu	ate School Degree Plan Form; m	inimum of 30 credits)		
Course Number*	Course Title			Credits	
			_		
PSS7000 (6 cr) PSS6000 (6 cr)					

^{*}If course is being transferred from another institution, indicate in parenthesis the course equivalent at TTU. Attach an extra page for course list if necessary.

Degree Req	uirement Audit			
Forr				
PSS	65001 credits (not more than 6):			
Cou	rse credits completed at another in			
Sen	ninar (<i>minimum of 1; counted as pa</i>			
Total course	ework to satisfy degree requirem	ents (minimum of 18):		
PSS6000 (m	inimum of 6):			
PSS7000 (m				
Total credits	to satisfy degree requirements	(minimum of 30 = 18 + 6 + 6):		
Comm	ittee Approval			
Chair:	Printed Name	 Signature		Date
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Co-chair:				
<u> </u>	Printed Name	Signature		Date
Mambari				
Member:	Printed Name	Signature		Date
Member:	Printed Name	Cionatura		Data
	riinleu ivarne	Signature		Date
Member:				
	Printed Name	Signature		Date