department of human physiology

# Master of Science Program of Study

**Last Name:** _____ **First Name:** _____

**Phone:** _____ **ID #:** ☐☐☐-☐☐-☐☐☐☐

**Degree Now Held:** _____ **Where/When Rcvd:** _____

**Advisor:** _____ **Term admitted to UO:** _____

## PROGRAM OF STUDY

| Course # | Course Title | Credit Hrs | Term/Year | Grade |
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**TOTAL PROGRAM CREDIT HRS:** _____

**Exit Requirement:**

___ Thesis
___ Research Project
___ Published Paper
___ Comprehensive Exam

**Proposed Completion Term:** _____

**I certify that the above information is correct to the best of my knowledge.**

_____
Student Signature and Date

_____
Advisor Signature and Date