

MCDB DEGREE REQUIREMENTS AUDIT

Student Name: _____ OSU ID#: _____

Advisor Name: _____

Entering Semester/Year: _____ Date of Audit: _____

1. **Core Program** (enter the term the course was completed and the final grade):

a. Molecular Biology:

Molecular Genetics 5701 _____

b. Cell Biology:

Molecular Genetics 5705 _____

c. Developmental Biology:

Molecular Genetics 5715 _____

d. Biochemistry:

Biochemistry 6761 _____

2. **Mentoring and Ethics Seminar** (enter the term the course was completed and the final grade):

MCDBIO 7600 _____

3. **Grant Writing Course** (Required of all students that joined MCDB in Autumn 2017 and beyond; list the term the course was completed and the final grade):

BSGP 7070 _____

4. **Electives** (at least three (3) approved courses totaling at least six (6) credit hours):

Course

Credit hrs & grade

Course

Credit hrs & grade

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

5. **MCDBIO 7890/7891** (enter the term the course was completed and the final grade)*:

First Year: 7890 _____ 7890 _____

Second Year: 7891 _____ 7890 _____

Third Year: 7890 _____ 7891 _____

*If a C or lesser grade is awarded in MCDB 7891 then the student will need to retake that course in a succeeding semester

6. **MCDBIO 7990** (enter the term the course was completed and the grade S/U)

First Year: 7990 _____ 7990 _____
Second Year: 7990 _____ 7990 _____
Third Year: 7990 _____ 7990 _____

7. **Total credit hours earned** (must be 80 or more)** Date: _____

**30 hrs are required to apply to graduate with a Master's degree based on candidacy; 80 hrs for a PhD

8. **Candidacy Examination:** Date completed: _____

9. **Dissertation and Final Examination:** Anticipated Semester/Year: _____

10. **Student Advisory Committee:**

This committee consists of the student's faculty advisor and at least three other graduate faculty members with Category P status in the Graduate School. At least three members of the committee must be MCDB faculty members (with mentoring or participating status).

Please type the full name and graduate faculty membership status of your advisory committee members below starting with your MCDB Faculty Advisor:

| Full name | Grad faculty program membership (P-status) | |
|---------------|--|------------------------------|
| | MCDB faculty (Y/N)? | Other programs (if not MCDB) |
| 1. (Advisor) | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. (optional) | | |
| 6. (optional) | | |