College of Graduate Studies
Degree Plan for Master of Science in Chemistry

Part I – Student Information

Name: ___________________________ MTSU ID # M

Current Mailing Address: ___________________________

City, State, Zip: ___________________________ MTSU Email Address: ___________________________

Degree Sought: ___________________________ Major: ___________________________

If applicable: Concentration: ___________________________ Specialization: ___________________________ Minor: ___________________________

Choose One: Thesis Option Non-Thesis Option

I understand that if human or animal subjects are involved in my research (including thesis research), it is my responsibility to file a research protocol application with the Institutional Review Board (Sam H. Ingram Building, 011B) before I begin collecting data. Failure to secure this permission prior to conducting my data collection using human or animal subjects will negate the use of that data for any academic purpose including thesis.

_________________________________________ Signature of Student

_________________________________________ Date

Part II – Signatures and Approvals

Signatures in this area are required for approval of all degree plans.

I certify that the following program, when successfully completed, meets all coursework requirements for this degree.

_________________________________________ ___________________________

Graduate Advisor Name (Print) Signature Date

_________________________________________ ___________________________

College of Graduate Studies Approval Date

Signatures in this area are required for approval if applicable to degree program.

This individual holds a professional license, or licensure requirements will be met by the courses listed below.

_________________________________________ ___________________________

Teacher Licensure Office Approval (Print) Signature Date

Programs that require educational component

_________________________________________ ___________________________

Chair of Educational Leadership/Elementary Education (Print) Signature Date

Minor Advisor

_________________________________________ ___________________________

Graduate Minor Advisor (Print) Signature Date
Part III – Course Information

List ONLY graduate-level courses to be counted toward the degree. Include those completed as well as those still to be taken to fulfill degree requirements.

<table>
<thead>
<tr>
<th>Course ID</th>
<th>Course Title</th>
<th>Cr Hrs</th>
<th>Grade</th>
<th>Course ID</th>
<th>Institution</th>
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</thead>
<tbody>
<tr>
<td>CHEM 6100</td>
<td>Intermediate Organic Chemistry</td>
<td>3</td>
<td></td>
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<tr>
<td>CHEM 6230</td>
<td>Intermediate Analytical Chemistry AND</td>
<td>4</td>
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<td>CHEM 6231</td>
<td>Intermediate Analytical Chemistry Lab</td>
<td>0</td>
<td></td>
<td></td>
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<tr>
<td>CHEM 6300</td>
<td>Intermediate Physical Chemistry</td>
<td>3</td>
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<tr>
<td>CHEM 6400</td>
<td>Intermediate Inorganic Chemistry</td>
<td>3</td>
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<tr>
<td>CHEM 6640</td>
<td>Thesis Research (3-8 hours)</td>
<td>1</td>
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<tr>
<td>CHEM 6800</td>
<td>Thesis Defense</td>
<td>3</td>
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<tr>
<td>CHEM 6870</td>
<td>Chemistry Research</td>
<td>3</td>
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</tbody>
</table>

Electives (5 Hours)
Minimum of 5 hours of additional approved chemistry graduate courses or approved cognate courses in biology, mathematics, computer science, or physics.

Department must verify that all admission conditions(s) were or were not met:

Department Admissions Conditions Met?  Yes _________ No _________