# **Academic Checklist for Master’s in Biomolecular Sciences**

***This form should be presented at the initial supervisory committee meeting. Please submit signed form to program office for Program Director approval.***

**Student Name:** Enter Name Here

**ID#:** Enter Student ID Here

**Culminating Activity Chosen:** Culminating Activity Option

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Prerequisite Coursework or Equivalent** | | **Institution** | | **Course** | **Grade** |
| **Cell Biology** (300 level) | | Institution Here | | Course # | Grade |
| **Biochemistry** (□ CHEM 400 level □ CHEM 300 level + Intro to Biophysics) | | Institution Here | | Course # | Grade |
| **Calculus I** \*Requires Compass Test if taken at Boise State University | | Institution Here | | Course # | Grade |
| **Physics** (1 Year General Physics) | | Institution Here | | Course # | Grade |
| **Core Sequence** | | | **Credits** | **Proposed Semester** | |
| **BMOL 601 Biomolecules I** (Fall Only) | | | **4** | Semester here | |
| **BMOL 602 Biomolecules II** (Spring Only) | | | **4** | Semester here | |
| **BMOL 603 Biophysical Instrumentation and Techniques** (Fall Only) | | | **4** | Semester here | |
| **Additional Required Courses** | | |  |  | |
| **BMOL 598 Graduate Seminar** (Spring and Fall) | | | **2** | Semester here | |
| **BMOL 605 Current Scientific Literature** (Fall Only) | | | **1** | Semester here | |
| **BMOL 511 Advanced Cell Biology** (Spring Only) | | | **3** | Semester here | |
| **BMOL 516 Responsible Conduct in Research** (Fall Only) | | | **1** | Semester here | |
| **PHYS 504 Molecular Biophysics** (Spring Only) | | | **4** | Semester here | |
| **Culminating Activity** | | |  |  | |
| **BMOL 591 Project or BMOL 593 Thesis** (Spring and Fall) | | | **7** | Semester here | |
|  |  | |  |  | |
| **Total** | | | **30** |  | |

**Committee Member Signatures:**

**Major Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name Signature**

**Committee Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name Signature**

**Committee Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name Signature**

**Committee Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name Signature**

**\*a substantial deviation from this form should be re-approved by supervisory committee**

**Director Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**