Plan of Study

Biology Department

This form must be updated annually by each BOR or ULL fellow by October 1

Name: _____ Type of Fellowship:_____
CLID:_____ Date: _____
First year and semester on Fellowship: _____

Committee Members: _____(Advisor)
_____
_____
_____
_____

Proposed Dissertation Title:

Course Work: (check completed courses)

Course	Grade	Credit	Semester	X	Course	Grade	Credit	Semester	X

Date of Prospectus (circle): anticipated submission/submission/acceptance_____
Date of Comprehensive Examination (circle): anticipated/completed_____
Foreign Language Examination:
Did your committee require a foreign language as part of your degree program (circle):Yes/No
If Yes, what was the language:_____ Date passed: _____

Expected Graduation Date: _____
Presentations given (BOR fellows only):

Where	When

Approvals

Advisor: _____ Date:_____

Graduate Coordinator:_____ Date:_____

Graduate Dean:_____ Date:_____