Name: ____________________________
Date: ____________________________
Phone: ____________________________

Previous Degree(s) 1.
Institution: ____________________________
Discipline: ____________________________
Year: ____________________________

Previous Degree 2.
Institution: ____________________________
Discipline: ____________________________
Year: ____________________________

Date of Admission to Program: ____________________________
Date Admitted to Candidacy: ____________________________
Expected Graduation Date: ____________________________

Dissertation Emphasis Area or __________________________________________________________________________

### Required Core Courses: Semester Hours (19)

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>SCH</th>
<th>Grade</th>
<th>Semester/Year</th>
<th>Transfer Institution</th>
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<td>Graduate Research Seminar</td>
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<td>Marine Organisms and Processes</td>
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<td>Ph.D. Dissertation Proposal</td>
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<td><strong>Select at least one of the Following:</strong></td>
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<tr>
<td>CMSS 6303</td>
<td>Natural Systems Analysis and/or</td>
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<td>CMSS 6323</td>
<td>Experimental Design</td>
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**Section TOTAL** 22

### ELECTIVE COURSES MS - Ph.D. Electives (min. 9 SCH)

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<th>Specialized, Topical, and Elective Coursework</th>
<th>SCH</th>
<th>Grade</th>
<th>Semester/Year</th>
<th>Transfer Institution</th>
</tr>
</thead>
</table>

**Section TOTAL** 0

* See course list for approved MARB 6000-level courses
Note: Students must maintain continuous enrollment

Doctoral Dissertation Chair Signature: ____________________________
Date: ____________________________

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**TEXAS A&M UNIVERSITY-CORPUS CHRISTI**
**COLLEGE OF SCIENCE AND ENGINEERING**
**Ph.D. in Marine Biology**
**DEGREE PLAN/ MS to Ph.D.**
**Catalog: 2018-2019**

**Banner ID #**: ____________________________

**Date of Admission to Program**: ____________________________
**Date Admitted to Candidacy**: ____________________________
**Expected Graduation Date**: ____________________________

**Dissertation Emphasis Area or** __________________________________________________________________________

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**Banner ID #**: ____________________________

**Date of Admission to Program**: ____________________________
**Date Admitted to Candidacy**: ____________________________
**Expected Graduation Date**: ____________________________

**Dissertation Emphasis Area or** __________________________________________________________________________
### Requirement Summary:

Transfer Hours (12 Max)
Non-Degree to Degree hrs (9 max)
5000 and 6000 level hours only (may take 1/3 at 5000 level)
DIS: Max 6 SCH

---

**MS-PhD: 36 Semester Hours Required**

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<thead>
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<th>Course</th>
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<th>Semester/Year</th>
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Section TOTAL: 0

REQUIRED TOTAL: 64

Approved By:

Student Signature date:

Doctoral Dissertation Chair date:

Doctoral Dissertation Committee Member date:

Doctoral Dissertation Committee Member date:

Doctoral Dissertation Committee Member date:

Program Coordinator date:

Department Chair, LSCI date:

**NOTE:** Once signed by department chair submit original degree plan with the approval signatures, to the College advising center, CI 350. The college will then submit the plan to CGS for graduate dean signature.

---

Dean, College of Graduate Studies date: