



<b>RETURN TO:</b> College of Graduate Studies, Respective Campus	
<b>Main Campus</b> 3240 University Hall Mail Stop 933	<b>Health Science Campus</b> Mulford Library Room 117 Mail Stop 1042
<input type="checkbox"/> Original Submission	
<input type="checkbox"/> Amended    Date: _____	

## Plan of Study for the Certificate Program

**Description:** The Plan of Study serves two main purposes. By defining a student's course of study, it provides focus and direction to his or her graduate program and it constitutes an agreement that successful completion of the proposed course of study and the general certificate requirements will result in the awarding of the certificate. Each student working for a certificate is required to file a Plan of Study with the College of Graduate Studies prior to the completion of 6 credit hours. This plan must be approved by the Advisor, the Chairman or Program Director and the Associate College Dean before being submitted to the College of Graduate Studies. It is understood that the first "Plan of Study" filed by a student may be subject to change as he/she progresses. However, it is the student's responsibility to notify the College of Graduate Studies of any changes to an approved plan of study. According to the University of Toledo General Catalog, it is the policy that credit applied towards certificate programs must have been earned within the period of four years immediately preceding the time the certificate is awarded.

**Instructions:**

1. List all credits earned or to be earned that you would like to apply toward fulfillment of the Certificate requirements.
2. Under "Course Alphanumeric Code," give department and course number as they were taken or are to be taken. Give the course title in the second column. Enter term and grade information as appropriate.
3. Complete the "Credits" column for all courses listed.
4. Obtain all required signatures and forward to the College of Graduate Studies for final approval.
5. If there are significant changes, a new "Plan of Study" should be completed. If there are minimal changes, an "amended Plan of Study" or "Plan of Study Course Substitution" form may be used.

Last Name: _____ First Name: _____ MI: _____					
Rocket ID: _____ First Semester Enrolled (term/year): _____					
College: <u>MLS</u> Degree: <u>Certificate</u> Major: <u>Bioinformatics</u>					
Time Limitation for Degree (term/year): _____ Expected Graduation (term/year): _____					
List all graduate courses required for the degree					
Course Alphanumeric Code	Course Title	Term	Grade	# of Credits	Graduate College use only
BIP6 5100/ 7100	Fundamentals of BPG	Fall		3	
BIP6 5200/ 7200	Statistical Methods of BPG	Fall		3	
BIP6 6100/ 8100	Bioinformatic Computation	SpG		3	
BIP6 6400/ 8400	Applications of BPG (odd years)	SpG		3	
BRIM 6200/ 8200	Biomarker Discovery Val/Imp. (even years)	SpG		3	
<b>Program Total</b>				<b>9.0</b>	

Additional program degree requirements (please check all that apply):

Other (please specify) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Meets requirements of Catalog Term/Year \_\_\_\_\_

**Comments/Notes/Justification Regarding Transfer and/or Substituted Courses**

**General Approvals:**

\_\_\_\_\_  
Student (printed or typed)                      Signature \_\_\_\_\_                      Date \_\_\_\_\_

\_\_\_\_\_  
Advisor (printed or typed)                      Signature \_\_\_\_\_                      Date \_\_\_\_\_

\_\_\_\_\_  
Chairman or Program Director (printed or typed)                      Signature \_\_\_\_\_                      Date \_\_\_\_\_

\_\_\_\_\_  
Associate Dean, Degree Program (printed or typed)                      Signature \_\_\_\_\_                      Date \_\_\_\_\_

\_\_\_\_\_  
Dean or Senior Associate Dean, Graduate College (printed or typed)                      Signature \_\_\_\_\_                      Date \_\_\_\_\_