

One TYPED copy of this form must be filed **prior to completion of 12 GRADUATE credits.**

Southern Oregon University Graduate School

PROGRAM FOR MASTER OF SCIENCE IN ENVIRONMENTAL EDUCATION

Name: _____ Phone No. _____

Address: _____

Social Security #: _____ Qualifying Examination: GRE _____ Date Taken _____

Date Admitted to Program: _____

Required Core: (18 credits)	Dept. Prefix & Course No.	Credits	Grade	Term & Year	SOU Instructor or TRANSFER INST.
Conservation Biology	Bi 538	3			
Nat. History of the Pacific Northwest	Bi 523	3			
Natural Resource Management	Bi 590	3			
Interpretive Practices	Bi 591	3			
Life Science Ed: Tech. of Field Interp.	Bi 522	3			
Environmental Education Internship	Bi 592				
Electives in Biology: (15-18 credits)					
Electives in Related Areas: (9-12 credits)					

Minimum Total Credits 45

Program Approval:

Environmental Education Advisor: _____ Date _____

Biology Department Chair: _____ Date _____

School of Sciences Dean: _____ Date _____

Written Exam Date: _____ Action: _____ Oral Exam Date: _____ Action: _____

Date Degree Requirements completed: _____ Practical Exam Date: _____ Action: _____