

WAYLAND BAPTIST UNIVERSITY  
MASTER OF SCIENCE IN MULTIDISCIPLINARY SCIENCES DEGREE

Academic Catalog: 2015-16

Name:

PCID:

Degree: Master of Science in Multidisciplinary Sciences

Campus:

Acceptance Date:

Semester Hours Summary

Required Core Curriculum	36	0	36
Area of Specialization	0	0	0
Wayland Residency	24	0	24
5000-Level Courses	24	0	24
Total hours required (Min. 36)	36	0	36

REQUIRED CORE CURRICULUM

	Req	Have	Need																												
	36	0	36																												
Course Name	Coll	Hours	Grade																												
<div><div>This degree is a 36-credit hour multidisciplinary program designed especially for teachers. It requires a minimum of 12 hours in each of two areas, but not more than 24 hours in any one area. The areas are: Biology, Chemistry, Geology, Physics, Environmental Science, and Math. If one area is Biology or Math, the other may be the combined area "Physical Science", which may include Geology, chemistry, and/or Physics courses. The nature of the degree provides students the flexibility to do research in one of the sciences and receive up to six semester hour credit hours for this research.</div><div><div>Additional Requirements for the degree include: Successful completion of a comprehensive examination. Students are required to complete courses with four (4) different full-time faculty members during the course of the program.</div><table><thead><tr><th colspan="2">LEGEND</th><th colspan="2">TOTAL HRS</th></tr><tr><th></th><th></th><th>ON</th><th>DP</th></tr></thead><tbody><tr><td>WBU - WAYLAND BAPTIST UNIVERSITY</td><td></td><td>0</td><td></td></tr><tr><td>TR - TRANSFER COLLEGE</td><td></td><td>0</td><td></td></tr><tr><td>UC - UNDERGRADUATE COURSEWORK</td><td></td><td>0</td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>0</td><td></td></tr></tbody></table></div></div>				LEGEND		TOTAL HRS				ON	DP	WBU - WAYLAND BAPTIST UNIVERSITY		0		TR - TRANSFER COLLEGE		0		UC - UNDERGRADUATE COURSEWORK		0								0	
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APPROVED:

Graduate Services Official

Date

Campus:

Advisor:

Name:

PCID:

Student Address:

City:

State:

Zip: