

Application to the Combined Degree Program in Biological Sciences



Last Name

First Name

Middle

UID #

Which track of the MSc in Biological Sciences are you applying to

☐

Thesis

☐

Non-
thesis

Briefly (200 words max) describe why you would like to enroll in the Combined Degree Program in Biological Sciences. Answers should address educational and / or career goals and how this experience will impact those.

Thesis-track students only: In 300 words or less, please describe your proposed research project.

Student's Signature

Date

Application to a Combined Degree Program at Wright State University

Date Submitted: _____ University ID # _____

Name: _____
Last First Middle

Email Address: _____ Phone # _____

Undergraduate major: _____

Combined Program that you are applying to: _____

Anticipated first term to register for graduate coursework while still an undergraduate:

☐ Fall ☐ Spring ☐ Summer 20 _____

The following criteria must meet minimum departmental requirements:

- ☐ Total undergraduate hours earned toward BS degree: _____
- ☐ Current undergraduate GPA at WSU: _____
- ☐ Required departmental courses to date completed with appropriate GPA
- ☐ Graduate Program of Study appropriate to the desired thesis track is attached
- ☐ Application to the Combined Degree Program in Biological Sciences is attached

By signing, I understand that, should I fail to move directly from my undergraduate program into my graduate program, I will need to apply for admission to the graduate program, and graduate hours I earned before receiving my bachelor's degree may not satisfy degree requirements in that graduate program.

STUDENT SIGNATURE (Required) DATE

FOR DEPARTMENTAL USE ONLY

Cumulative Hours _____ GPA (overall) _____ GPA (major) _____

Checked by: _____ Date: _____
Signature

APPROVED BY:

Undergraduate Advisor Date: _____

Graduate Advisor Date: _____

Program Director Date: _____

Please return approved form to the Graduate Programs & Honors Studies at wsugrad@wright.edu

Graduate Programs & Honors Studies Approval _____ Date _____

2/27/2025

*****Please note the expiration dates for faculty who serve your graduate programs as instructors and/or committee members, and plan accordingly.*** Policy 2160.3 and the usual [graduate faculty nomination process](#).

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