

**IGPNS CERTIFICATION FORM-MS  
Human Nutrition Emphasis Group**

**Student Name**

---

**Date entered program**

**Final Exam Committee:**

- 1) \_\_\_\_\_  
Major Professor
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Prerequisite Courses for Emphasis Group**

	√ if admiss. com. entrance deficiency	List <u>deficiencies</u> completed and grade.	
		Course Number	Grade
A. General chemistry - 2 semesters			
B. Biological Sciences – 2 semesters			
Course Name			
Course Name			
C. Organic Chemistry – 1 semester			
D. Biochemistry with an organic chemistry prerequisite			
E. Calculus or statistics – 1 semester			
F. Physiology – 1 semester			

---

**Graduate Coordinator Signature**

**Date**

**I. IGPNS Core Course Requirements**

	<b>Grade</b>	<b>Semester/Year Taken</b>
Example:	A	Spring, 2002
<b>Nutritional Sciences 619 – 3 credits</b>		
<b>Nutritional Sciences 621 – 1 credit</b>		
<b>Nutritional Sciences 623 – 1 credit</b>		
<b>Nutritional Sciences 625 – 1 credit</b>		
<b>Nutritional Sciences 626 – 1 credit</b>		
<b>Nutritional Sciences 627 – 1 credit</b>		
<b>Seminars:</b>		
<b>Nutritional Sciences 600 – 1 credit</b>		
<b>Nutritional Sciences 881 – 1 credit</b>		

**Human Nutrition Emphasis Group Requirements**

	<b>Grade</b>	<b>Credits</b>	<b>Semester/Year Taken</b>
<b>Research methods or data analysis course <math>\geq 2</math> credits</b>			
<b>Additional credits of research and/or courses from Nutritional Sciences or disciplines related to research <math>\geq 4</math> credits</b>			

**II. Master Thesis or Research Report Title**

---



---



---

**Major Professor: I approve the proposed committee members and coursework plan**

\_\_\_\_\_  
 Graduate Coordinator Signature                      Date                      Major Professor's Signature                      Date