

## Course Program for a Ph.D. in Microbiology

Student's Name:

Major Professor (if known) \_\_\_\_\_

Rotation 1 \_\_\_\_\_ Rotation 2 \_\_\_\_\_  
 Rotation 3 \_\_\_\_\_ Rotation 4 \_\_\_\_\_

Use the following outline as a check list to be sure that **ALL** coursework requirements have been met. Submit form to the student service advisor after your Guidance Committee Chair has signed it. It will then be approved by the Graduate Advisor and entered into your file. Any future revisions to this plan should be submitted using the same form. Please attach the Course Plan Form to show a quarter by quarter schedule.

**Entry Requirements:**

***Equivalent Course and institution:***

**Courses at UCR:**

- |  |       |
|--|-------|
| ___ BCH 110A, 110B Biochemistry                  | _____ |
| ___ BCH 110C or BIOL 107A Molecular Biology      | _____ |
| ___ BIOL 102 Introductory Genetics               | _____ |
| ___ CHEM 1A-1B-C General Chemistry with lab      | _____ |
| ___ CHEM 112A-B Organic Chemistry with lab       | _____ |
| ___ MATH 9A-9B Calculus                          | _____ |
| ___ MCBL 121 and 121L Microbiology with lab      | _____ |
| ___ STAT 100A or 120A Introduction to Statistics | _____ |

*\* Deficiencies should be rectified in the first year at UCR*

**Core Classes (required courses to be taken in the MCBL program at UCR):**

Class	Term planned	Completed	Grade
BIOL/MCBL 221 Microbial Genetics	Fall Every Year	_____	_____
MCBL 202 Microbial Pathogenesis	Winter Every Year	_____	_____
MCBL/SWSC 211 Microbial Ecology	Spring Every Year	_____	_____

**Elective classes (determined by Guidance Committee and student in consultation with Major Professor or Graduate Advisor):**

Class	Term Planned	Completed	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MCBL Seminars**

Students are required to enroll in MCBL 250 each quarter in residence. Please list any exceptions below:

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Signature Approvals:

Student \_\_\_\_\_

Date \_\_\_\_\_

Major Professor/Chair Guidance Committee \_\_\_\_\_ Date \_\_\_\_\_

Graduate Advisor \_\_\_\_\_

Date \_\_\_\_\_

**Course Plan Form**  
 Courses Required by Guidance Committee

Quarter _____			Quarter _____			Quarter _____		
COURSE #	COURSE TITLE	UNITS	COURSE #	COURSE TITLE	UNITS	COURSE #	COURSE TITLE	UNITS
Quarter _____			Quarter _____			Quarter _____		
COURSE #	COURSE TITLE	UNITS	COURSE #	COURSE TITLE	UNITS	COURSE #	COURSE TITLE	UNITS

Name of Student

