

**Ph.D. in Coastal and Marine System Science MS to Ph.D. (60 SCH minimum)
Texas A&M University - Corpus Christi- College of Science and Engineering
DEGREE PLAN 2019 catalog**

Student's Name _____ Student ID Number _____ Catalog Year _____

Street Address _____ City/ State/ Zip _____ Home Phone _____ Entry Term _____

REQUIRED CORE COURSES: 15 Semester Credit Hours					
Course #	Title	Grade	Hrs	Semester	
CMSS 6312	Communicating Science Seminar		3		
Choose four from the following:					
CMSS 6303	Natural Systems Analysis		3		
CMSS 6305	Natural Systems Modeling		3		
CMSS 6307	Coastal and Marine Systems		3		
CMSS 6330	Geospatial Analysis		3		
CMSS 6370	Coastal Management and Ocean Law		3		
ELECTIVE COURSEWORK: 6 Semester Credit Hours (See Catalog Item C)					
RESEARCH COURSEWORK: 30-36 Semester Credit Hours (See Catalog Item E)					
CMSS 6996	Research (1-9 SCH)				
CMSS 6998	Dissertation Research (1-9 SCH)				
DISSERTATION - 3-9 Semester Hours (minimum)					
CMSS 6999	Dissertation Defense		6		

All courses on this degree plan must be approved by the advisor and completed in the 10 year period prior to graduation as stipulated by your graduate catalog.

Expected Graduation Date : _____

Student Signature _____ Date _____

Preliminary Approval					
Committee Chair	_____	Signature	_____	Date	_____
Committee Member	_____	Signature	_____	Date	_____
Committee Member	_____	Signature	_____	Date	_____
Committee Member	_____	Signature	_____	Date	_____
Program Coordinator	_____	Signature	_____	Date	_____
Department Chair	_____	Signature	_____	Date	_____
Final Approval					
Committee Chair	_____	Signature	_____	Date	_____
Program Coordinator	_____	Signature	_____	Date	_____

Please submit the original degree plan with the approval signatures to the Office of Graduate Studies (FC 179C) PRIOR to completing 18 months in the doctoral program.

For Graduate Office Use Only:

____ Graduate Dean Approval (initials only)	_____	Date
____ Copy sent to College (Initials only)	_____	Date
____ Data entered on spreadsheet (Initials only)	_____	Date
____ Audit complete (Initials only)	_____	Date