

YEAR 1



- Shadowing Selection Form - Fall (Deadline: September 15)
- Shadowing Selection Form - Winter (Deadline: December 15)
- Advisor Agreement Form (Deadline: April 1)
- Graduate Teaching Assistant Form (Deadline: April 1)
- Plan of Work Form (Deadline: April 15)
- Research Proposal and Timeline (Deadline: April 15)
- Thesis Advisory Committee Formation (Deadline: May 1)
- Quarterly Advisory Committee Meeting Form – Meeting #1 (Deadline: June 1)

SUMMER TERM



- Summer Research Expectations Form (Deadline: June 1)
- Summer Research and Timeline Assessment Form (Deadline: August 15)

YEAR 2



- Quarterly Advisory Committee Meeting Form – Meeting #2 (Deadline: October 1)
- Quarterly Advisory Committee Meeting Form – Meeting #3 (Deadline: January 1)
- Formal Approval/Delay to Write MS Thesis – (Deadline: January 1)
- Formal Approval/Delay to Defend MS Thesis – (Deadline: April 1)
- MS Thesis Defense Assessment – (Deadline: May 1)



WAYNE STATE
School of Medicine

**Anatomy and Cell Biology
Master's Program**

Department of Ophthalmology,
Visual and Anatomical Sciences

**Shadowing Selection - Fall
Master of Science**

NOTE: This form must be submitted to the Master's Program Director after the Student has selected a minimum of four (4) instructors to shadow within the Histology and Gross Anatomy labs. For the Fall semester, five (5) total labs must be shadowed with a minimum of two (2) from each course. The deadline for submission of this form is September 15th of Year 1.

Student's Name: _____ Access ID (e.g., aa1234): _____

Email: _____ Phone: _____

Rotation #1: Lab name	Histology/Gross Anatomy	Name of Faculty Educator
Rotation #2: Lab name	Histology/Gross Anatomy	Name of Faculty Educator
Rotation #3: Lab name	Histology/Gross Anatomy	Name of Faculty Educator
Rotation #4: Lab name	Histology/Gross Anatomy	Name of Faculty Educator
Rotation #5: Lab name	Histology/Gross Anatomy	Name of Faculty Educator

Signatures

Student Date

MS Program Director Date



WAYNE STATE
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Department of Ophthalmology,
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**Shadowing Selection - Winter
Master of Science**

NOTE: This form must be submitted to the Master's Program Director after the Student has selected a minimum of three (3) instructors to shadow within the Neuroanatomy and Gross Anatomy labs. For the Winter semester, four (4) total labs must be shadowed with two (2) from each course. The deadline for submission of this form is December 15th of Year 1.

Student's Name: _____ Access ID (e.g., aa1234): _____

Email: _____ Phone: _____

Rotation #1: Lab name	Histology/Gross Anatomy	Name of Faculty Educator
Rotation #2: Lab name	Histology/Gross Anatomy	Name of Faculty Educator
Rotation #3: Lab name	Histology/Gross Anatomy	Name of Faculty Educator
Rotation #4: Lab name	Histology/Gross Anatomy	Name of Faculty Educator
Rotation #5: Lab name	Histology/Gross Anatomy	Name of Faculty Educator

Signatures

Student Date

MS Program Director Date



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Advisor Agreement
Master of Science

NOTE: This form must be submitted to the Master's Program Director after the Student has selected a Master's Thesis Advisor. The selected Advisor must have an appointment in the OVAS Department and must have agreed to serving as Advisor to the Student. The deadline for this form is April 1st of Year 1.

Student's Name: _____ Access ID (e.g., aa1234): _____

Email: _____ Phone: _____

The mentor listed on this agreement has agreed to serve as Master's Thesis Advisor for the named Student for the Master of Science Program. The Advisor agrees to provide sufficient resources for research space and reagents for the duration of the Student's research timeline, which is scheduled to end May of Year 2 with the Student's Master's Thesis Defense.

Names <i>(Print/Type Names)</i>	<i>(Access IDs)</i>	Signatures <i>(Sign Names)</i>	<i>(Date)</i>
_____	_____	_____	_____
Advisor	Access ID	Advisor	Date
_____	_____	_____	_____
Student	Access ID	Student	Date
_____	_____	_____	_____
MS Program Director	Access ID	MS Program Director	Date



WAYNE STATE
School of Medicine

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**Graduate Teaching Assistant Form
Master of Science**

NOTE: This form must be submitted to the Master's Program Director after the Student has selected either Gross Anatomy Labs or Histology Labs as part of the Special Projects in Anatomy course. The selected Discipline Director must approve the student's participation in this course. This form is due by April 1st of Year 2.

Student's Name: _____ Access ID (e.g., aa1234): _____

Email: _____ Phone: _____ Course selected: _____

The Discipline Director named below has agreed to allow the named Student to assist in teaching the selected labs as part of the Special Projects in Anatomy course. The Discipline Director will oversee the Student during the agreed teaching assignments and will be responsible for assigning a grade to the Student for this course.

Names <i>(Print/Type Names)</i>	<i>(Access IDs)</i>	Signatures <i>(Sign Names)</i>	<i>(Date)</i>
Discipline Director	Access ID	Discipline Director	Date
Student	Access ID	Student	Date
MS Program Director	Access ID	MS Program Director	Date

WAYNE STATE UNIVERSITY

MASTER OF SCIENCE

Plan-of-Work & Petition for Candidacy

Advisor Selection, Plan-of-Work & Petition for Candidacy

SCHOOL OF MEDICINE
GRADUATE PROGRAMS

STUDENT

NAME _____ I.D.#. _____ DATE _____
Last First

ADDRESS _____ PHONE _____
street city state zip EMAIL: _____

MAJOR: _____ Advisor _____ Degree Plan: _____

INSTRUCTIONS: Review all general and departmental or college degree requirements published in WSU Bulletin. List chronologically all WSU credits earned or proposed which will apply toward fulfillment of Master's degree requirements. PRESENT TO ADVISOR FOR APPROVAL AND FORWARD TO GRADUATE PROGRAMS OFFICE, SCHOOL OF MEDICINE. Due at the end of 1st Fall Semester. Minimum requirements are shown. Additional credits may be added to fulfill requirements of scholarships or VISAs.

COURSES COMPLETED & PROPOSED

Term--Yr	Dept-No	Title	MAJOR HRS	MINOR/ COGNATE	CORE HRS.
Totals Hours in Degree Program			TOTALS: _____		

APPROVED BY: _____, Advisor Date: _____

APPLICANT'S PETITION FOR CANDIDACY _____ / _____
Signature Date

CANDIDACY RECOMMENDED BY:
_____ / _____
Program Director Date

(Advisor can recommend candidacy at time POW is presented, or candidacy may be recommended by memorandum. In general, candidacy is recommended before the student has completed 8 credit hours.)

CANDIDACY AUTHORIZED BY GRADUATE OFFICE: _____ / _____
Dean/Director's Signature Date



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Research Proposal and Timeline
Master of Science

NOTE: This form must be submitted to the Master's Program Director after the Student and Advisor agree to an appropriate research plan and timeline. The deadline for this form is April 15th of Year 1.

Student's Name: _____ Access ID (e.g., aa1234): _____

Email: _____ Phone: _____

Please provide details on your research project. This should include background/literature review that would serve as the scientific premise for the project, the specific aims/goals that you hope to achieve, and a reasonable timeline for the accomplishment of these goals.

Project Name: _____

Research Proposal:

Timeline:

Names

(Print/Type Names)

(Access IDs)

Signatures

(Sign Names)

(Date)

Advisor

Access ID

Advisor

Date

Student

Access ID

Student

Date

MS Program Director

Access ID

MS Program Director

Date



WAYNE STATE
School of Medicine

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**Thesis Advisory Committee Formation
Master of Science**

NOTE: This form must be submitted to the Master's Program Director only after all members of the committee have agreed to serve. The deadline for submission of this form is May 1st of Year 1. The Thesis Advisor will serve as Chair of the Committee. An additional two graduate faculty members must also serve on the committee; one of these must have a primary appointment in OVAS. If a faculty member outside of the department also serves on the committee, please indicate them as the outside member, below.

Student's Name: _____ Banner ID (9-Digit #): _____

Email: _____ Phone: _____

Committee

(Print/Type Names)

(Access IDs)

Advisor

Advisor

Outside Member

Outside Member

Signatures

Advisor

Date

Student

Date

MS Program Director

Date



WAYNE STATE
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**Quarterly Advisory Committee Meeting
Master of Science**

NOTE: This form must be submitted to the Master's Program Director after each quarterly committee meeting. The Comments section should be filled out by the Advisor (Committee Chair).

Student's Name: _____ Banner ID (9-Digit #): _____

Email: _____ Phone: _____

Comments on Student progress since last meeting

Comments on Student goals for next meeting

Committee

(Print/Type Names)

(Access IDs)

Signatures

(Sign Names)

(Date)

Advisor

Advisor

Outside Member

Outside Member

MS Program Director

Date



WAYNE STATE
School of Medicine

Anatomy and Cell Biology
Master's Program

Department of Ophthalmology,
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Summer Research Expectations
Master of Science

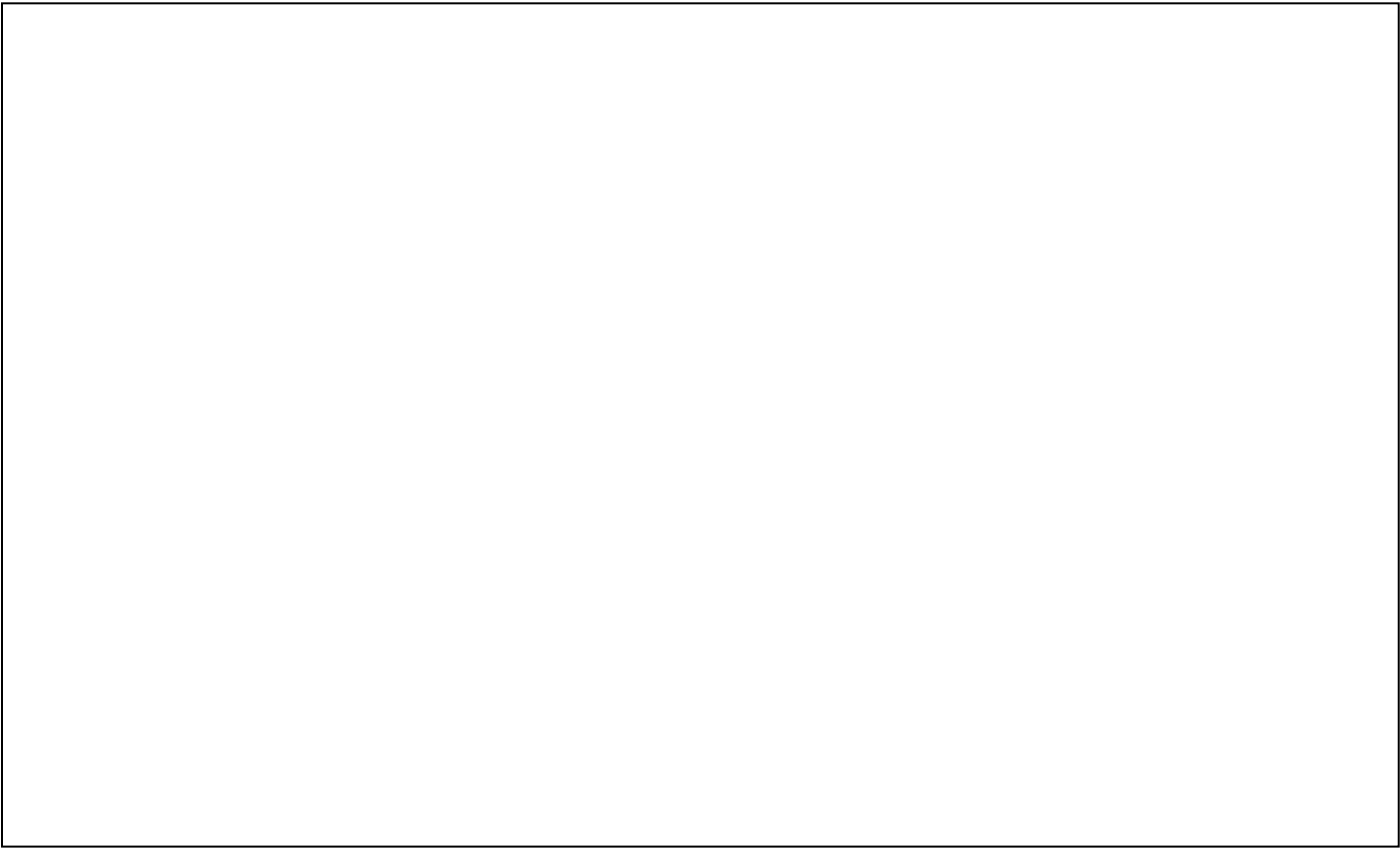
NOTE: This form must be submitted to the Master's Program Director after the Student and Advisor agree to appropriate research goals for the summer and the level of commitment/effort expected on the part of the Student to achieve these goals. The expectations should be as specific as possible and mutually agreeable. The deadline for this form is June 1st of the Summer Term.

Student's Name: _____ Access ID (e.g., aa1234): _____

Email: _____ Phone: _____

Project Name: _____

Research Goals and Expectations for the Summer Term:



Names
(Print/Type Names)

(Access IDs)

Signatures
(Sign Names)

(Date)

Advisor

Access ID

Advisor

Date

Student

Access ID

Student

Date

MS Program Director

Access ID

MS Program Director

Date



WAYNE STATE
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Summer Research and Timeline Assessment
Master of Science

NOTE: This form must be submitted to the Master's Program Director after the conclusion of the Summer Term of Year 1. The Student and Advisor should assess the degree to which the summer research expectations were achieved, highlighting both accomplishments and obstacles. In addition, the Timeline listed in the Research Proposal and Timeline Form should be re-assessed based on the progress made during the Summer Term. The expectations for this new Timeline should be as specific as possible and mutually agreeable. The deadline for this form is August 15th of Summer Term.

Student's Name: _____ Access ID (e.g., aa1234): _____

Email: _____ Phone: _____

Project Name: _____

Student Self-Assessment of Summer Research Expectations and Accomplishments:

Advisor Assessment of the Summer Research Expectations and Accomplishments:

Timeline:

Names

(Print/Type Names)

(Access IDs)

Signatures

(Sign Names)

(Date)

Advisor

Access ID

Advisor

Date

Student

Access ID

Student

Date

MS Program Director

Access ID

MS Program Director

Date



WAYNE STATE
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**Formal Approval/Delay to Write MS Thesis
Master of Science**

NOTE: This form must be submitted to the Master's Program Director after the final quarterly committee meeting, during which the Student and their Thesis Advisory Committee should assess the readiness of the Student to begin writing the MS Thesis. Any reasons for delay should be noted below and filled out by the Advisor (Committee Chair). The deadline for this form is January 1st of Year 2.

Student's Name: _____ Access ID (e.g., aa1234): _____

Email: _____ Phone: _____

Approval to Write MS Thesis

Delay to Write MS Thesis

Comments on reason for delay, if applicable:

Committee

(Print/Type Names)

(Access IDs)

Signatures

(Sign Names)

(Date)

Advisor

Advisor

Outside Member

Outside Member

MS Program Director

Date



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**Formal Approval/Delay to Defend MS Thesis
Master of Science**

NOTE: This form must be submitted to the Master's Program Director after the Thesis Advisory Committee determines that the Student is ready to defend the MS Thesis. This decision should be based, in part, on a positive review of the written MS Thesis. Any reasons for delay should be noted below and filled out by the Advisor (Committee Chair). The deadline for this form is April 1st of Year 2.

Student's Name: _____ Access ID (e.g., aa1234): _____

Email: _____ Phone: _____

Approval to Defend MS Thesis

Delay to Defend MS Thesis

Comments on reason for delay, if applicable:

Committee

(Print/Type Names)

(Access IDs)

Signatures

(Sign Names)

(Date)

Advisor

Advisor

Outside Member

Outside Member

MS Program Director

Date



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MS Thesis Defense Assessment
Master of Science

NOTE: This form must be submitted to the Master's Program Director after the formal defense of the MS Thesis. The decision to pass or fail the Student will be made by the Thesis Advisory Committee. Comments on the strengths and weaknesses of the defense should be noted below and filled out by the Advisor (Committee Chair). The deadline for this form is May 1st of Year 2.

Student's Name: _____ Access ID (e.g., aa1234): _____

Email: _____ Phone: _____

PASS – Defense of MS Thesis

FAIL – Defense of MS Thesis

Comments:

Committee

(Print/Type Names)

(Access IDs)

Signatures

(Sign Names)

(Date)

Advisor

Advisor

Outside Member

Outside Member

MS Program Director

Date