

M.S. AQUACULTURE/AQUATIC SCIENCES
ESTABLISH M.S. ADVISORY COMMITTEE

DATE: _____

CATALOG OF RECORD: _____

STUDENT NAME: _____

SID#: _____

THESIS OPTION

NON-THESIS OPTION

Approved Committee Members

<u>Name</u>	<u>Dept./Univ. Affiliation</u>	<u>Signature as Agreement To Serve on Committee</u>
1. _____ Principal Advisor	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If recommending someone not on the Graduate Faculty, or a faculty member at the Kentucky State University, attach a current curriculum vitae and a brief explanation why this person is being asked to participate

The above-named faculty members are hereby appointed to act as the Advisory Committee for the MS student named above.

Chair, Division of Aquaculture

Date

M.S. AQUACULTURE/AQUATIC SCIENCES
 REQUIRED COURSE FORM – NON-THESIS OPTION

DATE: _____

CATALOG OF RECORD: _____

STUDENT NAME: _____

SID#: _____

Course Prefix	Course Name	Required	Approved Elective
AQU 507	Fish Genetics		
AQU 509	Biostatistics		
AQU 510	Fish Disease Lab		
AQU 511	Fish Diseases		
AQU 512	Fish Morphology & Physiology		
AQU 513	Aquatic Ecology		
AQU 516	Computer Applications in Statistics		
AQU 521	Fish Nutrition		
AQU 522	Principles of Aquaculture		
AQU 525	Aquaculture Econ. & Marketing		
AQU 527	Fish Repro. & Spawning Tech		
AQU 528	Fish Repro Lab		
AQU 551	Survey of Production Methods		
AQU 560	Water Quality Management		
AQU 561	Water Quality Lab		
AQU 580	Introduction to GIS		
AQU 591	Aquaculture Internship		
Total Hours			

Must successfully complete 35 hours of coursework and 3 hours of Internship Credit for a total of ≥38 Credit hours.

Approving Committee Members

<u>Name</u>	<u>Department</u>	<u>Signature as Agreement To student's course requirements</u>
1. _____ Principal Advisor	_____	_____
2. _____	_____	_____
3. _____	_____	_____

 Chair, Division of Aquaculture

Date: _____

**M.S. AQUACULTURE/AQUATIC SCIENCES
INTERNSHIP PROPOSAL FORM**

DATE: _____

CATALOG OF RECORD: _____

STUDENT NAME: _____

SID#: _____

MOTION: The above named student has submitted the attached proposal for an Internship required to complete a MS in Aquaculture. We recommend that this proposal be accepted for the MS degree, Aquaculture Program, Kentucky State University

<u>Name</u>	<u>Approved (Signature)</u>	<u>Disapproved (Signature)</u>
1. _____ Principal Advisor	_____	_____
2. _____	_____	_____
3. _____	_____	_____

This report on the Internship Proposal accepted by:

Chair, Division of Aquaculture

Date: _____

**M.S. AQUACULTURE/AQUATIC SCIENCES
NON-THESIS INTERNSHIP PRESENTATION AND ORAL DEFENSE FORM**

DATE: _____

CATALOG OF RECORD: _____

STUDENT NAME: _____

SID#: _____

The Division of Aquaculture administers a combined oral Internship presentation and oral comprehensive examination as part of the Divisions' Degree completion requirements. As a Committee we the undersigned agree that the student has successfully passed this oral examination.

<u>Name</u>	<u>Approved (Signature)</u>	<u>Disapproved (Signature)</u>
1. _____ Principal Advisor	_____	_____
2. _____	_____	_____
3. _____	_____	_____

This report on Non-Thesis Internship Presentation and Oral Defense is accepted by:

Chair, Division of Aquaculture

Date: _____

**M.S. AQUACULTURE/AQUATIC SCIENCES
WRITTEN COMPREHENSIVE EXAMINATION FORM**

DATE: _____

CATALOG OF RECORD: _____

STUDENT NAME: _____

SID#: _____

The Division of Aquaculture administers a combined written comprehensive examination to all students as part of the Division's Degree Completion Requirements. As a committee we the undersigned agree the student has successfully passed this written examination.

<u>Name</u>	<u>Approved (Signature)</u>	<u>Disapproved (Signature)</u>
1. _____ Principal Advisor	_____	_____
2. _____	_____	_____
3. _____	_____	_____

This report on Written Comprehensive Examination is accepted by:

Chair, Division of Aquaculture

Date: _____