

# BIOINFORMATICS CERTIFICATE PROGRAM

Student Information			Advisor Information	
Last Name:	First Name:	Initial:	Name:	Phone:
Address:			Campus Address:	
Phone:	E-Mail:		E-mail:	
Student ID:				

## PLAN OF STUDY (21 s.h.)

Course Title	Course #	Credit	Projected Enrollment Date	Completed	Grade	Comments
<b>Required Coursework:</b>						
Intro to Informatics (Informatics Core)	IGPI:5110	3				
Intro to Bioinformatics (Bioinformatics Core)	IGPI:4213	3				
Fundamental Genetics (Biosciences Core)	BIOL:5412	3				
<b>Bioinformatics courses (select two)</b>						
Bioinformatics Techniques	IGPI:5321	3				
Computational Genomics	BIOL:5320	3				
Computational Biochemistry	BME:4310	3				
<b>Elective (two required course)</b>						
Informatics Elective		3				
Bioscience Elective		3				

**FOR OFFICE USE ONLY:**

Date of Notification by Student \_\_\_\_\_

Dates of Review by Program Steering Committee \_\_\_\_\_

Date of Recommendation to Grad College \_\_\_\_\_

Date of Certificate Award \_\_\_\_\_

Student Full Name \_\_\_\_\_

Student ID # \_\_\_\_\_

College/Department \_\_\_\_\_

Subprogram Advisor \_\_\_\_\_