Department of Food Science and Technology

Academic Program Coordinat	or for (Stude	ent's Name):	Date:
Committee Members: type and sign)				(Advisor)
List the courses to be tall add up to 18 (for full-time				s. Each term the credits shoul de expected graduation.
Term:	cr	grade	Term:	cr grad
TOTAL			TOTAL	
Term:	cr	grade	Term:	cr grad
TOTAL			TOTAL	
Term:	cr	grade	Term:	cr grad
Fotal # of FDSCTE course cre Fotal # of 6000+ level course Write below what FST course nigher is required to fulfill a co	credits (at le	east 6): ents fulfill th	Total # of credits for	redits (at least 20): or degree (at least 30): ements. A grade of B or
Competency food ch	nemistry	engine	eering or processing	food microbiology
I. During the term you expended an updated copy of this control of the copy of this copy.	orms. For y	our applicat	tion to be approved by	the GSC, you must submit
Coordinator. The student has completed th	·	·	· ·	· ·
(Fac	ulty Advisor	·)	date	

THE OHIO STATE UNIVERSITY