CHRISTOPHER NEWPORT UNIVERSITY

Department of Biology, Chemistry and Environmental Science

Master of Science in Environmental Science

Program of Study

Student _____ Student ID # _____

Semester	Course #	Course Name	Credits
		COMPREHENSIVE EXAM	
		THESIS/PROJECT DEFENSE	

_____ Student

_____ Advisor

Copy to: ☐ BCES Office
☐ Graduate Studies Director

Changes: Date:

_____ _____

_____ _____

(Program of Study Maintained by Thesis Advisor)