

Texas A&M University - Corpus Christi-- College of Science and Engineering
Ph.D. in Coastal and Marine System Science MS to Ph.D. (60 SCH beyond Master's minimum)
ADVISING WORKSHEET

Catalog Year: 2021-2022

Student Name	Student ID Number
Contact Phone	Entry Term

CORE: REQUIRED COURSE				
Course #	Course Title	Grade	Hrs	SEM/YR
CMSS 6312	Communicating Science Seminar		3	
CORE: MULTIDISCIPLINARY COURSE CHOICES (6 sem. hrs)				
CMSS 6307	Coastal and Marine Systems	_____	3	_____
GSEN 6330	Spatial Systems Science	_____	3	_____
CMSS 6359	Marine Ecosystem Dynamics	_____	3	_____
CMSS 6370	Coastal Management and Ocean Law	_____	3	_____
CORE: MATH AND STATISTICS COURSE CHOICES (6 sem. hrs)				
MATH 6315	Statistical Methods in Research I	_____	3	_____
MATH 6316	Statistical Methods in Research II	_____	3	_____
CMSS 6323	Experimental Design	_____	3	_____
CMSS 6352	Environmental Forecasting	_____	3	_____
CMSS 6360	Computer Programming in Earth System Sciences	_____	3	_____
ELECTIVE, SPECIALIZED and TOPICAL COURSES (6 sem. hrs)				
	_____	_____	3	_____
	_____	_____	3	_____
	_____	_____	3	_____
RESEARCH COURSEWORK (30-36 sem. hrs)				
CMSS 6996	Research (1-9 SCH)	_____	_____	_____
CMSS 6998	Dissertation Research (1-9 SCH)	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
DISSERTATION (3-9 sem. hrs minimum)				
CMSS 6999	Dissertation Defense	_____	3-9 hrs	_____

All courses on this advising worksheet must be approved by the faculty advisor/committee and completed in the 10 year period prior to graduation as stipulated by your graduate catalog.

Expected Graduation Date: _____

Student Signature _____

Preliminary Approval			
Committee Chair	_____	Signature	_____
			Date
Committee Member	_____	Signature	_____
			Date
Committee Member	_____	Signature	_____
			Date
Committee Member	_____	Signature	_____
			Date
Program Coordinator	_____	Signature	_____
			Date
Department Chair	_____	Signature	_____
			Date

Final Approval			
Committee Chair	_____	Signature	_____
			Date
Program Coordinator	_____	Signature	_____
			Date

Please submit the original advising worksheet to the College of Graduate Studies PRIOR to completing 18 months in the doctoral program.

Upload the plan here to be routed for signatures: https://gradcollege.tamucc.edu/contact_us/forms.html#collapse2

For Graduate Office Use Only:

_____ Graduate Dean Approval (initials only)	_____ Date
_____ Copy sent to College (initials only)	_____ Date
_____ Data entered on spreadsheet (initials only)	_____ Date
_____ Audit complete (initials only)	_____ Date

Mar-21