

School of Family Consumer & Nutrition Sciences: M.S. Nutrition and Dietetics Program of Courses

Name _____

ZID _____

Catalog Year: _____

Thesis option (32 credit hours)

Non-thesis Option (35 credit hours)

EDOC

Required Courses

Year Taken

- ETR 521 (3) *or*
- ETR 522 (3) *or*
- BIOS 670 (3)
- FCNS 600A (3-6) *
- FCNS 604 (3)
- FCNS 645 (3)
- FCNS 646 (3)
- FCNS 699A (6) *or*
- FCNS 701 (3)

Minimum one of the following (3 – 6 hours)	Year Taken	Minimum one of the following (3 – 6 hours)	Year Taken	Two to three the following (5-6 hours)	Year Taken
One of the following (3) <input type="checkbox"/> FCNS 611 <input type="checkbox"/> FCNS 612 <input type="checkbox"/> FCNS 613 <input type="checkbox"/> FCNS 616 other approved class (Specify)	_____	<input type="checkbox"/> CAHC 525 <input type="checkbox"/> FCNS 529 <input type="checkbox"/> PHHE 603 <input type="checkbox"/> PHHE 620 ⁺ <input type="checkbox"/> PSYC 517	_____	<input type="checkbox"/> FCNS 526 (3) <input type="checkbox"/> FCNS 615# (3) <input type="checkbox"/> FCNS 652& (1) <input type="checkbox"/> FCNS 653& (1) <input type="checkbox"/> PHHE 535 (3) <input type="checkbox"/> PHHE 601 (3) <input type="checkbox"/> PHHE 607 (1) <input type="checkbox"/> PHHE 655 (3) <input type="checkbox"/> PHHE 671 (3) <input type="checkbox"/> SOCI 575 (3)	_____

* Non-thesis option requires 6 credit hours of this course

⁺ PHHE 603 is required PRQ. & Dietetic Internship requirement
 #General emphasis requirement

DEFICIENCIES:

Transfer Credit

Course No. and Title	Sem. Hrs.	Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approved: _____
 Adviser or Committee Chair

_____ Committee member (opt.)

_____ Committee member (opt.)

 Student

 Department Chair/Graduate Director