Plan of Study for M.S. degree in Science & Technology Studies

Name: ID#:

Date admitted to M.S. Program:

Please list the courses you have taken and plan to take in order to satisfy the requirements. This form must be signed by your Advisory Committee members and the Program Director. Please submit the completed and signed form to Carol Sue Slusser (121 Lane Hall, Blacksburg, VA 24061; slusserc@vt.edu, 540-231-0719).

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| DEGREE REQUIREMENTS — Science & Technology Studies  |
|  | **Credits** | **Semester** |
| I. STS Core Requirement – 6 credits |  |  |
|  STS 5424: Topics in Science and Technology Studies: Introduction to STS | 3 |  |
|  STS 5514: Research Designs and Practices for STS | 3 |  |
|  Choose two course from the following:- **6 credits** |  |  |
|  STS 5105:Contemporary Issues in Science & Technology Studies | 3 |  |
|  STS 5106: Contemporary Issues in Science & Technology Studies | 3 |  |
|  STS 5205: Main Themes in the History of Science & Technology | 3 |  |
|  STS 5206: Main Themes in the History of Science & Technology | 3 |  |
|  STS 5305: Main Themes in the Philosophy of Modern Science & Technology | 3 |  |
|  STS 5306: Main Themes in the Philosophy of Modern Science & Technology | 3 |  |
|  STS 5614: Introduction to Science and Technology Policy | 3 |  |
| II. Additional STS Requirements – 12 credits |  |  |
| Two courses must be from one field and one course from STS as defined by your committee and with the approval of the graduate director. E.g., philosophy of science and technology, history of science and technology, politics and policy of science and technology, bio-ethics, environmental studies. |  |  |
|  Elective 1: | 3 |  |
|  Elective 2: | 3 |  |
|  Elective 3: | 3 |  |
|  Elective 4: | 3 |  |
|   |  |  |
| **III. M.S. Thesis (Minimum of 6, Maximum** **of 10 Credits)** | OR | **Non-thesis option - Two additional STS courses** |   |  |
|  STS 5994: Research & Thesis | 3 |  STS Course 1: | 3 |  |
|  STS 5994: Research & Thesis | 3 |  STS Course 2: | 3 |  |
| TOTAL | 30 CH |

* Projected Defense Proposal Date (if applicable):
* Possible Thesis Title / Topic (if applicable):
* Projected Thesis Defense / Final Exam Date:

**Advisory Committee Members** (at least 3)

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| --- | --- | --- | --- | --- |
| Signatures | **Print Name** | **Position** | **Dept.** | **Date** |
|  |  | Chair |  |  |
|  |  | Committee Member |  |  |
|  |  | Committee Member |  |  |
|  |  | Committee Member |  |  |

STS Graduate Program Director:

Student Signature: Date: