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).

DEGREE REQUIREMENTS — SCIENCE & TECHNOLOGY STUDIES	Credits	Semester
I. STS Core Requirement – 3 credits		
STS 5024: Introduction to Science and Technology Studies (STS 5424: Topics in Science and Technology Studies: Introduction to STS may be substituted if taken before Fall 2016)	3	
Choose three course from the following:- **9 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 5514: Research Designs and Practices for STS	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)

Signatures	Print Name	Dept.	Date

STS Graduate Program Director: _____

Student Signature: _____ Date: _____