



Program of Study for the Master's Degree

(Submit to the Graduate School by the end of the second semester)

Student Name: _____ Student Number: _____

Degree Program: _____ Degree: _____

Emphasis Area: _____ Graduate Minor: _____
 (If applicable) (If applicable)

Anticipated graduation date: _____ Will a thesis be written? _____

Colleges and Universities attended and degrees received: _____

LIST ONLY COURSES REQUIRED FOR THE DEGREE. Put an "X" next to courses taken through Extension. When requesting transfer credits, indicate where these courses were taken, the correct titles and course numbers, and provide the Graduate School with official transcripts.

Number	Title	Hrs	Grd	Number	Title	Hrs	Grd

Total Hours _____ 400-Level Hours _____ Problems, Readings & Research Hours _____
 (30 minimum) (12 minimum for MA, 15 minimum for all others) (maximum of 40% of required credit)

The program of study is approved as stated. Subsequent changes must be reported on a Program of Study Course Substitution form.

 Student's Signature Date Adviser's Signature (Legible signature required) Date

 Dir. of Grad Studies' Signature Date Graduate Dean's Signature Date

DO NOT WRITE IN THIS BOX (office use only) Date copies sent to the Adviser and Director of Graduate Studies: _____