

MASTER'S DEGREE PROGRAM OF STUDY

In consultation with the adviser the student should initiate this application, secure the approvals indicated below, and present to DEAN or GRADUATE OFFICER for processing prior to completion of 15 hours applicable to the degree program.

NAME (PRINTED) STUDENT ID
CURRENT ADDRESS DEGREE SOUGHT
CITY, STATE ZIP CODE DEGREE PROGRAM/EMPHASIS AREA

Colleges and universities attended and degrees received (give dates):

List below courses proposed for your advanced degree program. (Over and above the undergraduate prerequisites for graduate work in the special field, the student must present at least 30 hours selected from courses receiving graduate credit. At least 60% of the total number of hours applicable to the degree program must be at the 500 level.)

Table with 8 columns: NUMBER, TITLE, GRADE, HRS, NUMBER, TITLE, GRADE, HRS. Includes a row for '500 LEVEL' and a 'TOTAL' row.

REQUIREMENTS

IS QUALIFYING EXAMINATION REQUIRED?
IS FOREIGN LANGUAGE PROFICIENCY REQUIRED? *
*IF YES, SPECIFY LANGUAGE.
IS FINAL EXAMINATION REQUIRED?
IS THESIS REQUIRED?
IS FINAL THESIS EXAMINATION REQUIRED?

APPROVALS

ADVISOR DATE

SPECIAL REQUIREMENTS

CHAIRPERSON DATE

Blank lines for special requirements.

Blank lines for chairperson approvals with DATE labels.

STUDENT SIGNATURE

DATE

DEAN or GRADUATE OFFICER DATE
(as required by unit)