

PROGRAM OF STUDY FOR MASTER'S DEGREE

Please submit original and two copies of this form to the School of Graduate Studies Office, UMC 0900

Name _____ Student Number _____

Address _____ City _____ State _____ Zip _____

Dept/Program: _____ Phone () _____ e-mail _____

Degree Sought: _____ Degree Specialization _____

List specialization on transcript? Yes No

Check one:

Plan A (6 credits of 6970 required) Plan B (2 or 3 credits of 6970 required) Plan C (No 6970 allowed)

*CS 6250 and/or 6990 may NOT be included on ANY Plan

Term _____ Year _____

Title of Course	Course		Credits	Grade	Remarks
	Dept.	No.			

Term _____ Year _____

Title of Course	Course		Credits	Grade	Remarks
	Dept.	No.			

Term _____ Year _____

Title of Course	Course		Credits	Grade	Remarks
	Dept.	No.			

Term _____ Year _____

Title of Course	Course		Credits	Grade	Remarks
	Dept.	No.			

Term _____ Year _____

Title of Course	Course		Credits	Grade	Remarks
	Dept.	No.			

Credit Subtotal

PROGRAM OF STUDY FOR MASTER'S DEGREE

Transfer Credits

<u>Institution</u>	<u>Course Number</u>	<u>Title</u>	<u>Quarter or Semester/Year</u>	<u>Credits</u>	<u>Grades</u>

Title of thesis or report(s) _____

Committee-approved thesis or report proposal submitted to the School of Graduate Studies: _____
Date

Committee-approved box(es) for any risk areas involved in the thesis or report research. Appropriate approval(s) must be obtained before the Program of Study will be approved.

- | | | |
|------------------------------------------------|---------------------|-------------------------|
| <input type="checkbox"/> Animal Subjects | Approval date _____ | IACUC No. _____ |
| <input type="checkbox"/> Human Subjects | Approval date _____ | |
| <input type="checkbox"/> Chemical Hygiene Plan | Approval date _____ | |
| <input type="checkbox"/> Lab Safety Training | Date _____ | |
| <input type="checkbox"/> Radiation Materials | Approval date _____ | Authorization No. _____ |
| <input type="checkbox"/> Biohazards | Approval date _____ | |
| <input type="checkbox"/> Recombinant DNA | Approval date _____ | |
| <input type="checkbox"/> None | | |

Prerequisites and other requirements of the program, not taken for graduate credit _____

Approval Signatures:

Major Professor _____ Date _____ Department Head _____ Date _____

Supervisory Committee:

_____ Date _____

_____ Date _____

Student agreement: _____
Signature Date

*Signatures indicate agreement that the proposed program of study and thesis/report will fulfill requirements for the degree. Amendments require the signature of the major professor and written notification to other members of the supervisory committee.

School of Graduate Studies approval: _____
Dean Date