

COLLEGE OF ARTS AND SCIENCES
PROGRAM FOR MASTER'S DEGREE

Date: ___ / ___ / ___ E-Mail Address: _____ LIN: ___ / ___ / ___

Name: _____ , _____ _____ Daytime Phone: _____
Last Name First Name Middle Initial

Local Address: _____

This program is for the degree of: M.S. M.A. with a major in: _____
 Expected Date of Completion: _____

MAJOR FIELD *Credits must total no less than 30 (18 credits must be at 400 level of which 15 must be in the Major)*

DEPARTMENT & COURSE NUMBER	COURSE TITLE	CREDIT HOUR	GRADE (IP: In Progress)

*Must total **30 credits or more**. **TOTAL HOURS:** _____

Classes below the 200-level and grades below C- will **not be counted.

*****No more than 6** credits of thesis or research will count toward degree.

Completing Course Work Only: Yes No Comprehensive Exam Required: Yes No

Thesis: Required Optional Not Required

Thesis Committee (**Required if completing thesis**)

Member Name: _____ Position on Committee: _____ Chair

Member Name: _____ Position on Committee: _____

Member Name: _____ Position on Committee: _____

Department Non-Course Requirements:

Date Completed:

Student's Signature _____ Date _____

Department Authorization _____ Date _____

Dean's Office Signature _____ Date _____

Received in Registrar's Office _____ Date _____