Program of Study for the Master's Degree

(Submit to the Graduate School, 210 Jesse Hall by the end of the second semester)

Student name: _____

Mizzou ID number:_____

Anticipated graduation date:_____

Academic program: _____

Graduate minor:_____
(If applicable)

Degree (i.e MA,MS,etc.):_____

Graduate certificate:_____
(If applicable)

Major:_____

Emphasis area:_____
(If applicable)

Final Exam Option *(choose one)*

- ☐ Thesis ☐ Project ☐ Portfolio
- ☐ Comprehensive Exams
- ☐ Other *(please describe)*:_____

Schools attended & degrees received: _____

LIST ONLY COURSES REQUIRED FOR THE DEGREE.

When requesting transfer credits, indicate where these courses were taken, the correct titles and course numbers, and provide the Graduate School with official transcripts.

Course #	Title	Hrs	Term	Grade

Total Hours _____ (30 min.)

8000-Level Hours _____ (12 min. for MA, 15 min for all others)

Problems, Readings & Research Hours _____ (maximum of 40% of required credit)

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

Student's signature Date

Faculty Adviser's signature Date

Director of Grad Studies' signature Date

Graduate Dean's signature Date