

**MASTER OF SCIENCE DEGREE PROGRAM PLANNING FORM**

(Copies of this form are available from your adviser or secretary to the Graduate Studies Chair)

NAME \_\_\_\_\_  
\_\_\_\_\_

Date Program Initiated \_\_\_\_\_ Quarter Completion Expected \_\_\_\_\_  
\_\_\_\_\_

(MAJOR) AGR EDUC:	COURSE	COURSE TITLE	HOURS	QUARTER PLANNED	QUARTER COMPLETED
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SPECIALTY IN OTHER DEPTS:

PROFESSIONAL EXPERIENCE  
OR PLANNED INTERNSHIP:

PLANS FOR MEETING  
CONDITIONS OF ADMISSION:

	Description	Length of Time
_____	_____	_____
Student signature/date	Faculty Adviser Signature	Date
	_____	_____
	Committee Member Signature	Date
	_____	_____
_____	Date	
Committee Member Signature		
	_____	_____
	Graduate Studies Chair Signature	Date

\*This program must initially be submitted for approval to the Graduate Studies and Research Committee during the quarter in which 12 hours are completed.

\*Final program also submitted to Graduate Studies and Research Committee for approval prior to final quarter of enrollment.

Copies of this program should be provided to: (1) candidate, (2) adviser, (3) committee members (committee can be comprised of 2 members).