

Program Total

Additional program degree requirements (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Thesis | <input type="checkbox"/> Seminar |
| <input type="checkbox"/> Project | <input type="checkbox"/> Comprehensive Exam |
| <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Other (please specify) _____ |

Meets requirements of Catalog/Year _____

Comments/Notes/Justification Regarding Transfer and/or Substituted Courses

General Approvals:

_____	_____	_____
Student (printed or typed)	Signature	Date
_____	_____	_____
Advisor (printed or typed)	Signature	Date
_____	_____	_____
Chairman or Program Director (printed or typed)	Signature	Date
_____	_____	_____
Associate Dean, Degree Program (printed or typed)	Signature	Date
_____	_____	_____
Dean or Senior Associate Dean, Graduate College (printed or typed)	Signature	Date