

Program Total				

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

Thesis Seminar

Project Comprehensive Exam

Other (please specify) _____ Other (please specify) _____

Other (please specify) _____ 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