



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 _____ 8000-Level Hours _____ Problems, Readings & Research Hours _____
 (30 min.) (12 min. for MA, 15 min for all others) (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 _____