Program of Study
The Graduate School
Syracuse University

Name: __________________________________________________________
SUID: _________________________________________________________

Address: ____________________________________________________________________________
Phone: __________________________

Email Address: ___________________________________________ Expected Graduation Date [EGT] _____________________________

Graduate Program: ____________________________________________________________________________ Degree: ________________

Admission Date: ___________________________________________ Defense Date (if applicable): ____________________________

Date of Filing this form with Graduate Enrollment Management Center (GEMC): ____________________________

Thesis or Dissertation Title (if appropriate): __________________________________________________________

Previous Degrees (from other institutions):
Degree: __________________ Institution: ______________________________________ Degree Date: ___________________

Degree: __________________ Institution: ______________________________________ Degree Date: ___________________

Other Syracuse Graduate Degrees being sought or conferred:
Degree: ______________ Program: __________________________ Degree Date/Expected Graduation Date: ___________

Degree: ______________ Program: __________________________ Degree Date/Expected Graduation Date: ___________

➔ NOTE: If any portion of this Program of Study comes from, or is being used in any other Syracuse graduate program(s),
that/those Program/s of Study must be submitted along with this one.

Approvals:

__________________________________________________________ Date: ________________
ADVISOR signature

__________________________________________________________ Date: ________________
DEPARTMENT CHAIR/GRADUATE PROGRAM DIRECTOR signature

__________________________________________________________ Date: ________________
DEAN signature (Required only for students in the School of Education, School of Information Studies, and the College of
Visual and Performing Arts)

PLEASE SUBMIT 1 (ONE) APPROVED/SIGNED PROGRAM OF STUDY to the
GRADUATE ENROLLEMENT MANAGEMENT CENTER @ 303 Bowne Hall, Syracuse, NY 13244
See our website for deadlines: http://gradsch.syr.edu/.
## Graduate Program of Study

### Course/Thesis/Dissertation Outline

**Transfer Credit:** (Do not list individual courses if you are transferring a complete masters)

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Title</th>
<th>Semester</th>
<th>Credit Hours</th>
<th>Grade</th>
<th>Institution</th>
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**Syracuse Coursework:** (Check the * column if this course is also to be used (or was used) toward another SU graduate degree)

List all courses counting toward this degree. **** Please list required/core courses first. If any required core courses are waived or substituted with another course, you must submit an authorized Petition to Faculty form verifying this.

<table>
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<tr>
<th>* Dept. Prefix &amp; No.</th>
<th>Course Title</th>
<th>Semester</th>
<th>Credit Hours</th>
<th>Grade</th>
<th>Instructor</th>
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### REQUIRED CORE COURSES

|         |              |          |              |       |            |
|         |              |          |              |       |            |
|         |              |          |              |       |            |

### OTHER SU COURSES

|         |              |          |              |       |            |
|         |              |          |              |       |            |
|         |              |          |              |       |            |

### Thesis/Dissertation Credit Hours

|         |              |          |              |       |            |
|         |              |          |              |       |            |

**Credit Calculation for Program of Study:**

a. Total number of transfer credits: __________

b. Total number of thesis/dissertation credits: __________

c. Total number of Syracuse Course Credits: __________

Total Credits for Degree (a+b+c): __________

For GEMC use only:

Not approved: ______ date: ______

Approved: ______ date: ______