

Program of Study

The Graduate School
Syracuse University

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| Check here if revision | |
|---------------------------|--|

Name: _____ SUID: _____
LAST FIRST M.I.

Address: _____ Phone : _____
NUMBER STREET CITY STATE ZIP

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:

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) Date: _____

**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)*

| Course | Course Title | Semester | Credit Hours | Grade | Institution |
|--------|--------------|----------|--------------|-------|-------------|
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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.*

| * | Dept. Prefix & No. | Course Title | Semester | Credit Hours | Grade | Instructor |
|---|--------------------|--------------|----------|--------------|-------|------------|
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| REQUIRED CORE COURSES | | | | | | |
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| OTHER SU COURSES | | | | | | |
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| | Thesis/Dissertation Credit Hours | | | |
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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): _____

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|---------------------------|-------------------|
| For GEMC use only: | |
| Not approved: | _____ date: _____ |
| Approved: | _____ date: _____ |