MPOS

THE GRADUATE SCHOOL South Carolina

Masters Degree or Certificate Program of Study

This form should be filled out on your computer, then saved with a new file name to your local disk. Next, print the form and obtain the necessary signatures.

Name: Last Name | First Name | Middle Name **USCID:**

Address: Street | Apt, if any | City | State | Zip Code

Degree: **Major:** **Track :**

Admitted to Program: Foreign Language required: Date Completed

Other Requirements:

PROGRAM OF COURSES

In the spaces provided below, list all courses for which approval is requested in the master's degree (including thesis, if required) or certificate program.. Example: ENGL 751 Amer. Novel in 20th Cent. Do not list courses not specifically required for the master's or certificate program. Note that any course on this program which exceeds the 6 year limit (before the degree is awarded) must be revalidated or replaced with another course.

Dept Prefix	Course Number	Abbreviated Course Title	Term Completed	Year	Credit Hours	Grade	Where Taken

Approved

Student Signature Date: Graduate Director of School or Dept Date:

Major Professor/Chair of Adv Committee Date: Dean of the Graduate School Date:

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****** BOTH PAGES MUST BE SIGNED IF COURSEWORK EXTENDS TO SECOND PAGE ******

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Print Form