# Request for Master's Degree Advisory Committee and Plan of Study Approval

(Please read instructions on reverse side.)

<table>
<thead>
<tr>
<th>Pg.</th>
<th>of</th>
<th>Pgs.</th>
<th>Date Degree Expected</th>
</tr>
</thead>
</table>

## 1. NAME OF STUDENT

Name of Student: ____________________________

PUID No.: ____________________________

## 2. DEPARTMENT

Department: ____________________________

Dept. Code: ____________________________

Thesis Option: __

Nonthesis Option: __

Degree Title: ____________________________

Degree Code: ____________________________

Research Area: ____________________________

## 3. AREA OF SPECIALIZATION (if any)

Area of Specialization: ____________________________

AOS Code: ____________________________

## 4. COURSES

<table>
<thead>
<tr>
<th>Subject Abbr.</th>
<th>Course No.*</th>
<th>Cr. Hours</th>
<th>Regular Regis.</th>
<th>Non-degree Regis.</th>
<th>Other or Transfer From +</th>
</tr>
</thead>
</table>

Please group courses into "Primary" (P) & "Related" (R) areas.

## 5. METHOD OF ESTABLISHING CREDIT

Method to be used to meet language requirements:

+ Transfer course must be described as on original transcript.

* Mark course number with asterisk (*) if B or better is required.

## 6. DATE COMPLETED OR TO BE COMPLETED

Date: ____________________________

## 7. LANGUAGE REQUIREMENTS

Method to be used to meet language requirements:

a. ____________________________

b. ____________________________

## 8. NAMES OF ADVISORY COMMITTEE MEMBERS

(Please type full name.)

Chair: ____________________________

Abbr. Code

## 9. GRADUATE FACULTY IDENTIFIER

APPROVED BY ADVISORY COMMITTEE MEMBERS

(Signature)

Chair: ____________________________

Abbr. Code

## 10. DEPARTMENT IN AREA OF:

Abbr. Code

## 11. ADVISOR IN AREA OF:

Abbr. Code

## 12. SIGNATURE OF STUDENT

Signature: ____________________________

Date: ____________________________

Academic Dean (if required) Date: ____________________________

Graduate School Dean

Check here if supplemental notes or other requirements are attached.

13. APPROVED BY:

Head of the Graduate Program Date: ____________________________

Graduate School Dean

Date: ____________________________
Submit original plus one copy to the Graduate School.

Comments, special notes, or other requirements:

<table>
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<tr>
<th>Nonthesis Option</th>
<th>Thesis Option</th>
<th>Degree Codes</th>
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<tbody>
<tr>
<td>07</td>
<td>--</td>
<td>Master of Accountancy (Calumet)</td>
</tr>
<tr>
<td>09 10</td>
<td>Master of Agriculture</td>
<td>51</td>
</tr>
<tr>
<td>13 14</td>
<td>Master of Arts</td>
<td>53</td>
</tr>
<tr>
<td>17 18</td>
<td>Master of Arts in Teaching</td>
<td>57</td>
</tr>
<tr>
<td>19 20</td>
<td>Master of Fine Arts</td>
<td>61</td>
</tr>
<tr>
<td>21 22</td>
<td>Master of Science</td>
<td>65</td>
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<tr>
<td>25 26</td>
<td>M.S. Aero. and Astro.</td>
<td>67</td>
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<tr>
<td>27 28</td>
<td>M.S. Agricultural &amp; Biological Engr.</td>
<td>69</td>
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<tr>
<td>31 32</td>
<td>M.S. Biomedical Engr.</td>
<td>71</td>
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