

CENTER FOR GRADUATE STUDIES REPORT OF PROFESSIONAL MASTER DEGREE

ID#:

Professional Masters Degree program:

Student's Name:

Undergraduate B.S. Degree (Major):

Catalog year to be used for completion of graduate degree requirements:

Courses taken to satisfy deficiencies in undergraduate preparation (these classes **do not** count towards the graduate degree):

Dept. (e.g. CSE)	Course # (e.g. 353)	Course title	Credits	Semester (taken/planned)	Leave blank

Course Program (course #, credits and semester; place an asterisk* by your 6 credits of outside coursework)

Dept. (e.g. CSE)	Course # (e.g. 353)	Course title	Credits	Semester (taken/planned)	*	Leave blank

Required Approvals

Academic Advisor's Acceptance	Date:
Department Chair	Date:
Graduate Dean	Date: