

# Program of Study

The Graduate School  
Syracuse University

Check here if revision	
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Name: \_\_\_\_\_ SUID: \_\_\_\_\_  
LAST FIRST M.I.

Email Address: \_\_\_\_\_ Expected Graduation Date [EGT] \_\_\_\_\_

Graduate Program: \_\_\_\_\_ Degree: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Defense Date (if applicable): \_\_\_\_\_

Date of Filing this form with the Graduate School \_\_\_\_\_

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 School @ 207 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

**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
<b>REQUIRED CORE COURSES</b>						
<b>OTHER SU COURSES</b>						
<b>Thesis/Dissertation Credit Hours</b>						

**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: \_\_\_\_\_