Authorization of Degree Program - Graduate

Name: ___________________________  ID#: ___________________________

Email Address: ___________________________

Expected Graduation:  
- [ ] May  
- [ ] August  
- [ ] December  
Year: __________

Degree:  
- [ ] MA  
- [ ] MS  
- [ ] MM  
- [ ] MBA  
- [ ] MPA  
- [ ] MSA  

- [ ] MA Hum  
- [ ] Specialist  
- [ ] Graduate Certificate  

Option/Area of Concentration (if applicable): ___________________________

GRADUATE PROGRAM CONTENT

ALL COURSES MUST BE LISTED HERE. DO NOT ATTACH A SEPARATE SHEET.

- Master’s Degrees: at least 15 credit hours must be in courses at the 600 level or above.
- Specialist’s Degrees: at least 20 of the last 30 credit hours must be in courses at the 600 level or above.

<table>
<thead>
<tr>
<th>REQUIRED CREDIT HOURS</th>
<th>ELECTIVE CREDIT HOURS</th>
<th>TRANSFER CREDITS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>(course #/credit hours)</td>
<td>(course #/credit hours)</td>
<td>(institution/course #/credit hours)</td>
</tr>
<tr>
<td>PTH 999</td>
<td>3</td>
<td>HSC 698T</td>
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</table>

GRAND TOTAL HOURS: __________

*Consult the Graduate Bulletin for graduate transfer credit guidelines and processes.

Please indicate which option is being selected:  
- [ ] Plan A  
- [ ] Plan B  
- [ ] Plan C

Plan Requirements:  
- [ ] Thesis  
- [ ] Scholarly Paper  
- [ ] Journal Article  
- [ ] Oral Exam over (circle one): Coursework  
- [ ] Thesis  
- [ ] Comprehensive Exam over Area of Specialization

Student:  
- Signature: ___________________________  
- Print Name: ___________________________  
- Date: ___________________________

Advisor:  
- Signature: ___________________________  
- Print Name: ___________________________  
- Date: ___________________________

Department Distribution: Upload to ImageNow. Copy to Student.

(05/14)