PROGRAM OF STUDY FORM – GRADUATE

NAME: ____________________________________________ SU ID #: ______________________

ADDRESS:

STREET

CITY

STATE

ZIP CODE

EMAIL ADDRESS: _____________________________ PHONE (daytime): __________________

GRADUATE PROGRAM: _________________________ DEGREES SOUGHT: __________________

ADMISSION DATE: ___________________________

PROJECTED GRADUATION DATE*: _______ _______ _______ _______ YEAR: 20____

DEC MAY JUNE AUG

TODAY'S DATE: ________________________________

DEGREES FROM OTHER INSTITUTIONS:

DEGREE: __________________ INSTITUTION: _________________________________________

DEGREE: __________________ INSTITUTION: _________________________________________

OTHER SYRACUSE UNIVERSITY GRADUATE DEGREES BEING SOUGHT OR CONFERRED:

DEGREE: __________________ PROGRAM: ___________ DEGREE DATE/PROJECTED GRADUATION DATE: ______

DEGREE: __________________ PROGRAM: ___________ DEGREE DATE/PROJECTED GRADUATION DATE: ______

PROGRAM OF STUDY APPROVALS:

GRADUATE ACADEMIC COUNSELOR

DATE

PROGRAM DIRECTOR

DATE

DEAN

DATE

NOTE: If any portion of this Program of Study comes from, or is being used in any other Syracuse University graduate degree program(s) that/those Program(s) of Study must be submitted along with this one.

*Date when you have completed all degree requirements

PLEASE SUBMIT ONE COMPLETED COPY BY THE PUBLISHED DEADLINE for approval to:

The School of Information Studies, Syracuse University
Graduate Student Support, 114 Hinds Hall, Syracuse, NY 13244

See the Graduate Enrollment Management Center (GEMC) website for deadlines: http://gradsch.syr.edu
**TRANSFER CREDIT**: Do not list individual courses if you are transferring a complete master’s degree.

<table>
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<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Semester</th>
<th>Credit Hours</th>
<th>Grade</th>
<th>Institution</th>
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**SYRACUSE UNIVERSITY COURSEWORK**: List all courses counting towards this degree with 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. Check the (*) column if this course is also to be used (or was used) toward another SU graduate degree.

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<th>* Dept. Prefix &amp; No.</th>
<th>Course Title</th>
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<th>Credit Hours</th>
<th>Grade</th>
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**REQUIRED CORE COURSES**

|                      |              |          |              |       |            |
|                      |              |          |              |       |            |
|                      |              |          |              |       |            |
|                      |              |          |              |       |            |

**OTHER SYRACUSE UNIVERSITY COURSES**

|                      |              |          |              |       |            |
|                      |              |          |              |       |            |
|                      |              |          |              |       |            |
|                      |              |          |              |       |            |

**EXIT REQ**

|                      |              |          |              |       |            |
|                      |              |          |              |       |            |

**FOR ISCHOOL USE ONLY**

Credit Calculation for Program of Study:

a. Total number of transfer credits = _______

b. Total number of waived credits = _______

c. Total number of SU course credits = _______

TOTAL CREDITS FOR DEGREE _______

APPROVED: _______ DATE: __________

NOT APPROVED: ____ DATE: __________