

MASTER'S APPENDIX A
SCHOOL OF PHYSICAL ACTIVITY & EDUCATIONAL SERVICES

MASTER'S DEGREE PROGRAM SHEET

This form should be returned to A 100 PAES by the completion of 15 hours of graduate credit in the master's program or the end of the second quarter of master's enrollment.

Name: _____ Last 4 digits of SSN: _____

| | |
|---|---|
| Projected Date of Graduation: Qtr: _____ Yr: _____ | Program Area: _____ |
| Undergraduate Degree Received From: _____ | Qtr. Admitted to Program: _____ |
| <input type="checkbox"/> M.A. Candidate | <input type="checkbox"/> M.Ed. Candidate |
| <input type="checkbox"/> Thesis Option (Plan A) | <input type="checkbox"/> Non-thesis Option (Plan B) |

| Research Requirement (Dept., Course Number) | Number of Hours | Research Requirement (Dept., Course Number) | Number of Hours |
|--|--------------------|--|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

List remaining courses by department, course number, and the number of credit hours on the following page, or attach a specific listing of course work. A general list of classes will not be accepted.

TOTAL CREDIT HOURS: _____ **(Required)**

Student's Signature

Adviser's Signature

Date

Date

