MASTER'S DEGREE PROGRAM PLAN **OFFICE OF GRADUATE STUDIES** **CALIFORNIA STATE UNIVERSITY, CHICO**

NAME _____ DISCIPLINE _____ DATE _____

ID# _____ EMAIL _____ DAYTIME PHONE _____

LIST ONLY THOSE COURSES CONSTITUTING YOUR MASTER'S DEGREE PROGRAM (Consult appropriate catalog for specific program and general university requirements.)

Term	Dept & No.	Course Title	Units	Grade	IF TAKEN ELSEWHERE -- Institution	Office Use Only

ADDITIONAL REQUIREMENTS (Mark and complete the appropriate items.)

( ) Thesis ( ) Project Title or Topic: _____

( ) Comprehensive Examination _____

( ) Professional Paper

( ) Analytical Review or Business Analysis

PLEASE NOTE: Persons completing a thesis or project must comply with university policy on the use of human and animal subjects.

I understand that my program is subject to approval by my Advisory Committee and that any changes must be approved by the committee members and my Graduate Coordinator.

GRADUATE COORDINATOR (Signature) DATE

COMMITTEE MEMBER (Signature) (Printed Name) DATE

COMMITTEE CHAIR (Signature) (Printed Name) DATE

COMMITTEE MEMBER (Signature) (Printed Name) DATE

CANDIDATE (Signature) DATE

COMMITTEE MEMBER (Signature) (Printed Name) DATE

GRADUATE SCHOOL APPROVAL DATE

FOR OFFICE USE ONLY: ADMITTED TO CLASSIFIED STATUS _____ ADVANCED TO CANDIDACY _____ EXPIRATION DATE _____

8/2010