Master's Degree Program Plan **Office of Graduate Studies** **California State University, Chico**

Name _____ Major & Option _____ Date _____

ID# _____ E-mail _____ Daytime Telephone _____

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 the appropriate items, and indicate the title or topic if applicable.)

☐ Thesis ☐ Project Title or Topic: _____

☐ Comprehensive Examination _____

☐ Professional Paper or Analytical Review

☐ Business Analysis or Culminating Research Course

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 CHAIR (Signature) (Printed Name) DATE

_____ CANDIDATE (Signature) DATE

_____ COMMITTEE MEMBER (Signature) (Printed Name) DATE

_____ COMMITTEE MEMBER (Signature) (Printed Name) DATE

_____ COMMITTEE MEMBER (Signature) (Printed Name) DATE

_____ GRADUATE STUDIES APPROVAL DATE

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

11/2011