

ALABAMA A&M UNIVERSITY
School of Graduate Studies
 Normal, Alabama 35762

Post Office Box 998
 Telephone: (256) 372-5266

PROGRAM OF STUDY FOR MASTER'S AND EDS STUDENTS

NAME _____ STU # _____

GRADUATE DEGREE (circle one): MS MED MBA MURP MSW

MAJOR _____ CIP Code#* _____

CONCENTRATION (if applicable) _____

PREVIOUS GRADUATE DEGREES: (Including any from Alabama A&M University)

University	Degree	Date	G.P.A.
_____	_____	_____	_____
_____	_____	_____	_____

SUPPORTING WORK:

Undergraduate deficiencies and language requirements listed in the admission letter:

TRANSFER CREDIT--- course work used towards a previous graduate degree. Submit the Transfer Credit Form. No credit will be approved without an official transcript.

Institution	Name of Course	Cat. # Of Course	Year of Course	Credit hours	Grade

NOTE: Use Typewriter or Word Processor and submit during first semester of enrollment to the Graduate Office.

* Refer to Alabama Commission on Higher Education (ACHE) approved program list.
 (www.ache.state.al.us/Acadaffr/proginv/98Aam.htm)

NONTHESIS OPTION

_____	_____	_____	_____
Student	Date	Advisor	Date
_____	_____	_____	_____
Department Chairperson	Date	Academic Dean	Date
_____	_____		
Dean, Graduate School	Date		

THESIS OPTION

TENTATIVE THESIS TOPIC: _____

Advisory Committee Signatures (Minimum of four)

1.	_____	_____	_____	_____
	Major Professor (Chairperson)	Date	Student	Date
2.	_____	_____	_____	_____
			Department Chairperson	Date
3.	_____	_____	_____	_____
			Academic Dean	Date
4.	_____	_____	_____	_____
			Dean, Graduate School	Date

GRADUATE OFFICE USE ONLY

Received and Distributed to Student, Major Advisor & Chair by _____ **Date** _____

DEGREE: _____ **MAJOR:** _____

DATE GRADUATED: _____

_____	_____
Signature of Graduate School Official	Date