

CENTER FOR GRADUATE STUDIES

REPORT OF PROFESSIONAL MASTER DEGREE

**Student's Name**:       **ID#:**

**Professional Masters Degree program:**

**Undergraduate B.S. Degree (Major):**

**Catalog year** to be used for completion of graduate degree requirements:

**Courses taken to satisfy deficiencies in undergraduate preparation** (these classes **do not** count towards the graduate degree):

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| Dept. (e.g. CSE) | Course # (e.g. 353) | **Course title** | Credits | Semester **(taken/planned)** | Leave blank |
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**Course Program** (course #, credits and semester; place an asterisk\* by your 6 credits of outside coursework)

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| Dept. (e.g. CSE) | Course # (e.g. 353) | **Course title** | Credits | Semester **(taken/planned)** | **\*** | **Leave blank** |
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**Required Approvals**

Academic Advisor's Acceptance Date:

Department Chair Date:

Graduate Dean Date: