UCF | College of Graduate Studies

Planned Program of Study – Master's (Thesis Option)

A Program of Study for students seeking a master's degree should be on file with the College of Graduate Studies by the end of the second major term of enrollment (based on full-time enrollment).

Please Check as Appropriate: ☐ New Program of Study ☐ Revised Program of Study

STUDENT INFORMATION

Last Name: ______________________ **First Name:** ______________________

Student's UCFID: ______________ **Admit Term:** ______________ **Requirement Term:** ______________

College: ______________________ **Degree/Program Track:** ______________________

Advisor: ______________________

Total Hours Required for Degree Program: ______________ **Total Hours in Program of Study:** ______________

REQUIRED/CORE COURSES ____ HRS. REQUIRED

Prefix	Number	Course Title	Term/Year	Hours	Grade	Course Sub	Transfer Credit	Transfer Institution
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			Total Hours:	0				

ELECTIVES (RESTRICTED/UNRESTRICTED) ____ HRS. REQUIRED

Prefix	Number	Course Title	Term/Year	Hours	Grade	Course Sub	Transfer Credit	Transfer Institution
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			Total Hours:	0				

INDEPENDENT STUDY (MAXIMUM 6 HRS. ALLOWED)

Prefix	Number	Course Title	Term/Year	Hours	Grade	Course Sub	Transfer Credit	Transfer Institution
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			Total Hours:	0				

OTHER COURSE WORK (INCLUDING DIRECTED RESEARCH) ____ HRS. REQUIRED

Prefix	Number	Course Title	Term/Year	Hours	Grade	Course Sub	Transfer Credit	Transfer Institution
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			Total Hours:	0				

OTHER COURSE WORK (INCLUDING INTERNSHIPS, EXAMS ETC.) ____ HRS. REQUIRED

Prefix	Number	Course Title	Term/Year	Hours	Grade	Course Sub	Transfer Credit	Transfer Institution
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			Total Hours:	0				

THESIS ____ HRS. REQUIRED

Prefix	Number	Course Title	Term/Year	Hours	Grade
			Total Hours:	0	

24 HOURS OF FORMAL COURSE WORK

List courses being used to meet the 24 hrs of formal course work policy (exclusive of thesis and research hours):

Prefix	Number	Course Title	Term/Year	Hours	Grade	Course Sub	Transfer Credit	Transfer Institution
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							☐	
			Total Hours:					

SIGNATURES

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Program Coordinator Signature: _____ **Date:** _____

COLLEGE OF GRADUATE STUDIES USE

Comments: