Graduate Program of Study

The Graduate School
Syracuse University

Name: _____ **SUID:** _____
Last First M.I.

Email: _____ **Expected Graduation Date:** _____

Graduate Program: _____ **Degree:** _____

Admission Date: _____ **Defense Date (if applicable):** _____

Date of Filing this form to the Graduate School: _____

Thesis or Dissertation Title (if appropriate): _____

_____

_____

Previous Degrees (from other institutions):

Degree: _____ **Institution:** _____ **Degree Date:** _____

Degree: _____ **Institution:** _____ **Degree Date:** _____

Other Syracuse Graduate Degrees being sought or conferred:

Degree: _____ **Program:** _____ **Degree Date:** _____

Degree: _____ **Program:** _____ **Degree Date:** _____

NOTE: If any portion of this Program of Study comes from, or is being used in, any other Syracuse graduate program(s) that/those Program(s) of Study must be submitted along with this one.

Approvals:

_____
Advisor Signature **Date**

_____
Department Chair/Graduate Program Director Signature **Date**

_____
Dean Signature* **Date**

***(Required only for students in School of Education, School of Information Studies, and College of Visual & Performing Arts)**

Please Submit a PDF of the Approved/Signed Program of Study Form to

degreecert@syr.edu

The Graduate School, 304 Lyman Hall, Syracuse NY 13244
See our website for deadlines

Check here if this is a revision ☐

Graduate Program of Study

SUID:_____ **Coursework/Thesis/Dissertation Outline**

Transfer Credit *(Do not list individual courses if you are transferring a complete masters)*

Course	Course Title	Semester	Credit Hours	Grade	Institution

Syracuse Coursework *(Check the * column if this course is also to be used (or was used) toward another SU graduate degree)*List all courses counting toward this degree. ***Please list required courses first***. If any required core courses are waived or substituted with another course you must also submit an authorized Petition to Faculty verifying the change.

*	Dept. Prefix & Number	Course Title	Semester	Credit Hours	Grade	Instructor

THESIS/DISSERTATION CREDIT HOURS

*	Course	Course Title	Semester	Credit Hours	Grade

A) Total number of transfer credits: _____

B) Total number of thesis/dissertation credits: _____

C) Total number of Syracuse course credits: _____

Total Credits for Degree (A+B+C): _____

For Graduate School Use Only:

Not Approved: _____ Date: _____

Approved: _____ Date: _____