



Planned Program of Study – Master's (Non-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
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
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							<input type="checkbox"/>	
							<input type="checkbox"/>	
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							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Total Hours:							<input type="checkbox"/>	

ELECTIVES (RESTRICTED/UNRESTRICTED) ____ HRS. REQUIRED

Prefix	Number	Course Title	Term/Year	Hours	Grade	Course Sub	Transfer Credit	Transfer Institution
							<input type="checkbox"/>	
							<input type="checkbox"/>	
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							<input type="checkbox"/>	
							<input type="checkbox"/>	
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							<input type="checkbox"/>	
							<input type="checkbox"/>	
Total Hours:								

INDEPENDENT STUDY (MAXIMUM 12 HRS. ALLOWED)

Prefix	Number	Course Title	Term/Year	Hours	Grade	Course Sub	Transfer Credit	Transfer Institution
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Total Hours:								

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

Prefix	Number	Course Title	Term/Year	Hours	Grade	Course Sub	Transfer Credit	Transfer Institution
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Total Hours:								

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

Prefix	Number	Course Title	Term/Year	Hours	Grade	Course Sub	Transfer Credit	Transfer Institution
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Total Hours:								

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
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
Total Hours:								

SIGNATURES

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Program Coordinator Signature: _____ Date: _____

COLLEGE OF GRADUATE STUDIES USE

Comments: