



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



**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"/>	
<b>Total Hours:</b>								

**THESIS \_\_\_\_ HRS. REQUIRED**

Prefix	Number	Course Title	Term/Year	Hours	Grade
<b>Total Hours:</b>					

**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"/>	
<b>Total Hours:</b>								

**SIGNATURES**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COLLEGE OF GRADUATE STUDIES USE**

Comments: