

PROGRAM OF STUDY – MASTER’S DEGREE

Student: _____ STUDENT ID # _____
 Address: _____ Expected Graduation Date _____
 City,State,Zip: _____ Email: _____

A copy of your approved program of study will be mailed to your address above:

Major _____ Track or Specialization _____
 Option Non-Thesis Thesis Minor: _____

Degree Sought: (Check One)

<input type="checkbox"/> M.A.	<input type="checkbox"/> M.Acc.	<input type="checkbox"/> M.B.A.	<input type="checkbox"/> M.Ed.	<input type="checkbox"/> M.Engr.	<input type="checkbox"/> M.E.M.	<input type="checkbox"/> M.F.A.	<input type="checkbox"/> M.M.
<input type="checkbox"/> M.O.T.	<input type="checkbox"/> M.P.A.S.	<input type="checkbox"/> M.P.A.	<input type="checkbox"/> M.S.	<input type="checkbox"/> M.S.A.E.	<input type="checkbox"/> M.S.W.	<input type="checkbox"/> M.P.H.	
<input type="checkbox"/> Nursing Certificate							

Student instructions:

Advisor / Committee:	Print the name of your advisor or committee below the signature line before printing for signatures. All faculty must be on UND Graduate Faculty, a list is available on our website. If a proposed committee member is not on graduate faculty, or is at another University of Profession, please attach their curriculum vitae (or resume). The CV (resume) will be reviewed by the Dean of the School of Graduate Studies. GRADUATE DIRECTOR signature is also required.
Program of Study pg.2	Print course information, please do not turn in handwritten copy. More instructions on page 2

NON-THESIS OPTION	
Advisor Signature	
Printed Name:	
Co-Advisor Signature	
Printed Name:	
Additional Member or Minor Department Signature	
Printed Name:	

THESIS OPTION (3 members required) * Check if Co-Chairs	
Committee Chair Signature	
Printed Name:	
Committee Member 2 Signature	
Printed Name:	
Committee Member 3 Signature	
Printed Name:	
Member 4 Signature (Optional)	
Printed Name:	

APPROVED: Department Graduate Director: _____ Date _____
 APPROVED: School of Graduate Studies Dean _____ Date _____

