

# Program of Study for Master of Arts and Master of Science Candidates

The University of Georgia  
Graduate School, 320 E. Clayton St, Ste. 400

(Please submit this original **TYPED** form and one (1) copy of this form to the Graduate School)

Name SS# - -

Address Degree

Major

**Please use \* to designate 6000 and 7000 level courses open only to graduate students.**

Course Prefix-#	Hours	Grade	Term	Course Prefix-#	Hours	Grade	Term	Course Prefix-#	Hours	Grade	Term
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## TOTAL NUMBER OF HOURS

**HOURS OPEN ONLY TO GRADUATE STUDENTS:** exclude thesis and research courses in this total.

I understand that if human subjects are involved in my research, it is my responsibility to file a research protocol application with the Institutional Review Board (Boyd GSRC, Room 606) before I begin collecting data. I acknowledge that failure to secure this permission prior to conducting my data collection using human subjects will negate the use of that data for my master's thesis.

Student's Signature (all students must sign)

Date

Research Skills Requirement (if applicable)

Departmental Requirements

**Master's Advisory Committee:** (Please type all names, sign and date.)

Name (Typed)

Signature

Date

Graduate Coordinator

Date

## APPROVAL

Graduate Dean

Date

Courses start to expire at  
the beginning of

GPA

Copy	Student	Graduate School	Major Professor	Graduate Coordinator
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