School of Information Studies
SYRACUSE UNIVERSITY

Check here if a revision ☐

PROGRAM OF STUDY FORM – GRADUATE

NAME: _____ **SU ID #:** _____
LAST FIRST MI

ADDRESS: _____
STREET CITY STATE ZIP CODE

EMAIL ADDRESS: _____ **PHONE (*daytime*):** _____

GRADUATE PROGRAM: _____ **DEGREES SOUGHT:** _____

ADMISSION DATE: _____

PROJECTED GRADUATION DATE*: ____ ____ ____ ____ **YEAR: 20____**
DEC MAY JUNE AUG

TODAY'S DATE: _____

DEGREES FROM OTHER INSTITUTIONS:

DEGREE: _____ INSTITUTION: _____

DEGREE: _____ INSTITUTION: _____

OTHER SYRACUSE UNIVERSITY GRADUATE DEGREES BEING SOUGHT OR CONFERRED:

DEGREE: _____ PROGRAM: _____ DEGREE DATE/PROJECTED GRADUATION DATE: _____

DEGREE: _____ PROGRAM: _____ DEGREE DATE/PROJECTED GRADUATION DATE: _____

PROGRAM OF STUDY APPROVALS:

_____
GRADUATE ACADEMIC COUNSELOR DATE

_____
PROGRAM DIRECTOR DATE

_____
DEAN DATE

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

*Date when you have completed all degree requirements

PLEASE SUBMIT ONE COMPLETED COPY BY THE PUBLISHED DEADLINE for approval to:
The School of Information Studies, Syracuse University
Graduate Student Support, 114 Hinds Hall, Syracuse, NY 13244
See the Graduate Enrollment Management Center (GEMC) website for deadlines: http://gradsch.syr.edu

TRANSFER CREDIT: Do not list individual courses if you are transferring a complete master's degree

Course Number	Course Title	Semester	Credit Hours	Grade	Institution

SYRACUSE UNIVERSITY COURSEWORK: List all courses counting towards this degree with required core courses first. If any required core courses are waived or substituted with another course, you must submit an authorized Petition to Faculty Form verifying this. Check the (*) column if this course is also to be used (or was used) toward another SU graduate degree.

*	Dept. Prefix & No.	Course Title	Semester	Credit Hours	Grade	Instructor
	REQUIRED CORE COURSES					
	OTHER SYRACUSE UNIVERSITY COURSES					
	EXIT REQ					

FOR ISCHOOL USE ONLY
Credit Calculation for Program of Study:
a. Total number of transfer credits = _____
b. Total number of waived credits = _____
c. Total number of SU course credits = _____
TOTAL CREDITS FOR DEGREE _____

APPROVED: _____ **DATE:** _____

NOT APPROVED: _____ **DATE:** _____