##### **FLORIDA STATE UNIVERSITY**

##### **College of Education**

**Program of Study - Master’s Degree**

*Form Fields Must Be Typed. Authenticated Digital Signatures Required.*

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| --- | --- | --- | --- | --- | --- |
| **Name:** | | | **EMPLID:** | | |
| **Mobile Phone:** | | | **Work Phone:** | | |
| **FSU Student E-mail:** | | | | | |
| **Department:** | | **Major/Academic Plan:** | | | |
| **Degrees Earned** | | | | | |
| **Institution:** | **Degree:** | | | **Date:** | **Major:** |
| **Institution:** | **Degree:** | | | **Date:** | **Major:** |
| **Are you Seeking FL Certification?** | **Yes** | | | **No** | **In what field?** |
| **Are you Certified?** | **Yes** | | | **No** | **In what field?** |
| **Thesis-Track MS\*** | **Yes** | | | **No** |  |

**Graduate Courses To Be Taken For Master’s Degree**

|  |  |  |  |
| --- | --- | --- | --- |
| **Prefix and No.** | **Course Name** | **Semester Hours** | **Year and Semester Taken (List in chronological order, past to present)** |
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|  | **Comprehensive Exam,**  **Portfolio Defense or Capstone\***  (If not applicable in your program,  Type “**NA**” in the credit hours field.) |  | **\*Must register for Exam, if required by program.** |
|  | **Thesis Defense\*\*** (if not applicable, leave blank) | 0 | **\*\*Must register for Defense** |
|  | **Subtotal** |  |  |

**FSU Non-Degree Seeking Student Coursework**

**(Only 12 hours may be used – Grade must be a “B” or better in order to be used towards the degree.)\*\***

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| **Prefix and No.** | **Course Name** | **Semester Hours** | **Year and Semester Taken (List in chronological order, past to present)** |
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| **Subtotal** | |  |  |

**Transfer Courses (Only 6 Hours May Be Used)\*\***

**You must provide an official transcript to your department reflecting all courses you wish to transfer. Courses cannot be posted without an official transcript. Transfer credit must be approved by the University Registrar.**

*\*\*****Please NOTE: No student may be awarded more than 12 hours of combined non-degree seeking student credit and/or transfer credit.***

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| **Prefix and No.** | **Course Name** | | | **Semester Hours** | **Year and Semester Taken (List in chronological order, past to present)** | | |
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|  | **Subtotal** | | |  |  | | |
| **Semester in Which Graduation is Planned**: | | | |  |  | | |
| **Total Graduate Hours + Exam or Thesis** | | | |  |  | | |
| **Non-degree seeking student Internal Transfer Credits** | | | |  |  | | |
| **Total Transfer Credits** | | | |  |  | | |
| **Final Total** | | | |  |  | | |
| **Supervisory Committee**  **\*Thesis-Track MS Degree: A minimum of 3 members who hold Graduate Faculty Status (GFS) at FSU is required.** – Two members, including the major professor, must be from the major in which the student will receive a degree. The third member may be from the major department.  **Non-Thesis Track MS Degree:** Approval of major professor required. Additional committee members are optional. Major professor must hold GFS or Co-Directive Status at FSU. | | | | | | | |
| Committee Members (Signed and Typed) Department/Major Directive Status | | | | | | | |
| (Co-)Major Professor: | | |  | | | | GFS |
| Typed Name: | | | | | | | |
| (Co-)Major Professor (if applicable): | |  | | | | GFS | |
| Typed Name: | | | | | | | |
| Member: | |  | | | | GFS | |
| Typed Name: | |  | | | |  | |
| Member: | |  | | | | GFS | |
| Typed Name: | | | | | | | |
| Student Signature: Date: | | | | | | | |
| Department Chair: Date: | | | | | | | |
| Academic Dean: Date: | | | | | | | |

*Rev. 11/23/2020*