



Office of the Associate Dean for Mentoring Academic Progress and Advancement

GRADUATE OFFICE

PROGRAM OF STUDY

☐ Original ☐ Revised Date of Revision: _____ Student No.: _____

Name: _____ Degree Program: _____

MRR Period: _____ Date Admitted: _____ Start Date of MRR: _____

Minimum No. of Units Required of the Program: _____ To Take UG prerequisites: YES ☐ NO ☐

1. GRADUATE CORE COURSES REQUIRED

Course No.	Course Title	Units	Term	Grades
Total				

2. GRADUATE ELECTIVES

Course No.	Course Title	Units	Term	Grades
Total				

3. OTHER REQUIRED COURSES

Course No.	Course Title	Units	Term	Grades
Total				

4. THESIS/DISSERTATION

Course No.	Course Title	Units	Term	Grades
Total				

5. MILESTONES

Course No.	Course Title	Units	Term	Grades
Total				

Prepared and submitted by:

Approved by:

Student

Program Adviser

Chair, Graduate Committee