



Office of the Associate Dean for Academic Affairs **GRADUATE OFFICE**

PROGRAM OF STUDY

□ Original	\square Revised	Date of Revision:	Student No.:			
					Date of MRR:	
Minimum No. of Units Required of the Program:				То Та	ke UG prerequisites: Y	∕ES □ NO □
			If yes, please specify:			
4 CDADUATE C	ODE COURSES D	FOLUBED.				
Course No.	ORE COURSES R	Course Title		Units	Term	Grades
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2. GRADUATE E	I FCTIVES		Total			
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3. OTHER REQU Course No.	IKED COOKSES	Course Title		Units	Term	Grades
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4. THESIS/DISSE Course No.	KIATION	Course Title	<u> </u>	Units	Term	Grades
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			Total			
5. MILESTONES						
Comprehensive Candidacy	e exam					
Carididacy						
Prepared and submitted by:				Approved by:		

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Program/ Research Adviser

Chair, Graduate Committee

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Student

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