THE UNIVERSITY OF ALABAMA IN HUNTSVILLE
School of Graduate Studies
PROGRAM OF STUDY FOR MASTER'S DEGREE

Name:	(type name here)	A#
Address:		Phone:
Department/Program		Degree:

☐ Thesis ☐ Non-Thesis

UAH Course #	Title of course	Credit Hours	Grade	Term	Name of Institution if transfer course request*; remarks;	Transfer Course #
Required Courses						
Thesis Courses (if applicable)						
ESL Courses (if applicable)						

*Copy of transcript must accompany transfer request

Approval Signatures:

Student Date

Advisor (type name here) Date

Department Chair Date

Dean, Graduate Studies Date

For Thesis Option Only:
Supervisory Committee Signatures

Comm. Chair (type name here) Date

Member: (type name here) Date

Member: (type name here) Date

Member: (type name here) Date

Indicate course waivers, subsitutions or other comments pertinent to a graduation audit:

Distribution: Department
Student

May-07