

EAST TENNESSEE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES
 Program of Study for the Master's Degree

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| Office Use Only Input on SIS: _____ Initials: _____ Catalog of Record: _____ |
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Name: _____
Student's Name (please type or print) Identification Number

Field of Study: _____ Concentration: _____

(Please Type or Print)

| Course ID Number | Course Title | Grade | Credit Hours | Semester Completed or to be Completed | Transfer * Credit | Substitute For Course # | Office Use Only |
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| Total number of hours required for degree----- | | | | | | | |

* Non-ETSU transfer credit must be approved before it can be shown on the program of study.

Student's Signature: _____ Date: _____

Approved: _____ Date: _____
Advisory Committee Chair

Approved: _____ Date: _____
Graduate Program Coordinator

Approved: _____ Date: _____
Additional signature(s) if required by program