

EAST TENNESSEE STATE UNIVERSITY

SCHOOL OF GRADUATE STUDIES

Program of Study for the Master's Degree

Office Use Only

Input on SIS: _____

Initials: _____

Catalog of Record: _____

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
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