Graduate and Research Affairs Graduate Division San Diego State University

OFFICIAL PROGRAM FOR THE MASTER'S DEGREE

PROGRAM MUST BE SUBMITTED IN **TYPEWRITTEN** FORM TO THE GRADUATE DIVISION FOR FINAL APPROVAL AND DISTRIBUTION

	Social Security #	NAME						
	Major Code # Concentration Code #	ADDR:	Last			First	Middle	
	Specialization Code # Degree		Street					
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MAJ	OR CONCENTRATION			_ SPECIA _	LIZATION _			
Dept & No.	Course Title	Units	Grade					
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	TRANSFER OR EXTENSION CREDIT Maximum of				Date			
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Plan A	THESIS OR COMPREHENSIVE EXAM							
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(Specify Dept.) Plan B	Project Comprehensive examination in lieu of thesis			┨		Required Not required		
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I have read and	understand the proposed program of study (sign b	elow)						
Student				_ [Date		_	
Graduate Advisor				_ [Date		_	
Graduate Council				_ [Date .		_	
Graduate Division use only				ı	Program b	egins:		
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				ı	Foreign language:			
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