

## Program of Study for Master of Arts and Master of Science Candidates

The University of Georgia Graduate School

210 S. Jackson St., Athens, GA 30602

(Please submit this original **TYPED** form and one (1) copy of this form to the Graduate School)

Name		CAN # (810)	
Address		Degree	
		Major	

**Please use \* to designate 6000 and 7000 level courses open only to graduate students.**

Course Prefix-#	Hours	Grade	Term	Course Prefix-#	Hours	Grade	Term	Course Prefix-#	Hours	Grade	Term

**TOTAL NUMBER OF HOURS**

HOURS OPEN ONLY TO GRADUATE STUDENTS: exclude thesis and research courses in this total.

I understand that if human subjects are involved in my research, it is my responsibility to file a research protocol application with the Institutional Review Board (Boyd GRSC, Room 606) before I begin collecting data. I acknowledge that failure to secure this permission prior to conducting my data collection using human subjects will negate the use of that data for my master's thesis. (Human subjects information available at <http://www.ovpr.uga.edu/hso/>)

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Student's Signature (all students must sign) Date

Research Skills Requirement (if applicable)

Departmental Requirements

**Master's Advisory Committee:** (Please type all names, sign, and date)

Name (Typed)	Signature	Date

**APPROVALS**

Graduate Coordinator  Date   
(Name & Signature)

Graduate Dean  Date

Courses start to expire at  the beginning of: GPA