Falk College Graduate Program of Study

The Graduate School
Syracuse University

Name: _____ **SUID:** _____
              Last   First   M.I.

Email: _____ **Expected Graduation Date:** _____

Graduate Program: _____ **Degree:** _____

Admission Date: _____ **Defense Date (if applicable):** _____

Date of Filing this form to the Graduate School: _____

Thesis or Dissertation Title (if appropriate): _____

_____

_____

Previous Degrees (from other institutions):

Degree: _____ **Institution:** _____ **Degree Date:** _____

Degree: _____ **Institution:** _____ **Degree Date:** _____

Other Syracuse Graduate Degrees being sought or conferred:

Degree: _____ **Program:** _____ **Degree Date:** _____

Degree: _____ **Program:** _____ **Degree Date:** _____

NOTE: If any portion of this Program of Study comes from, or is being used in, any other Syracuse graduate program(s) that/those Program(s) of Study must be submitted along with this one.

Approvals:

_____

Advisor Signature   **Date**

_____

Department Chair/Graduate Program Director Signature   **Date**

_____

Graduate Program of Study

SUID:_____   **Coursework/Thesis/Dissertation Outline**

Transfer Credit *(Please list **each course** that is being transferred into a graduate program and the equivalency to a required or elective course in the graduate program)*. **Reminder:** maximum of 30% of required coursework can be transfer credit at the masters level; 50% of required coursework at the Ph.D. level. Amounts may be less depending on specific program rules—please refer to individual program limits for transfer credit in the course catalog. *Coursework* does **not** include dissertation credits. Students must <u>also</u> list all transfer credit on an authorized Petition to Faculty form and obtain the appropriate signatures and file with their academic department for processing **at the start of the first semester of study** so that transfer credits will appear on the degree audit and in degree works.

Course	Course Title	Semester	Credit Hours	Grade	Institution	*Equivalent to SU Course (Prefix & #)*

Syracuse Coursework *(Check the * column if this course is also to be used (or was used) toward another SU graduate degree)* List all courses counting toward this degree. ***Please list required courses first***. If any required core courses are waived or substituted with another course you must also submit an authorized Petition to Faculty verifying the change.

*	Dept. Prefix & Number	Course Title	Semester	Credit Hours	Grade	Instructor

Graduate Program of Study

*	Course	Course title	Semester	Credit	Grade	Instructor

THESIS/DISSERTATION CREDIT HOURS

*	Course	Course Title	Semester	Credit Hours	Grade

A) Total number of transfer credits: _____

B) Total number of thesis/dissertation credits: _____

C) Total number of Syracuse course credits: _____

D) Total Credits for Degree (A+B+C): _____

For Graduate School Use Only:

Not Approved: _____   Date: _____

Approved: _____   Date: _____

Please Submit a PDF of the Approved/Signed Program of Study Form to:
degreecert@syr.edu
The Graduate School, 304 Lyman Hall, Syracuse NY 13244
See our website for deadlines

Check here if this is a revision ☐