



Graduate Student Program of Study: Master of Professional Studies

Student:

Date:

Department:

Area of Study:

A. Coursework:

1. Graduate credits transferred from non-degree programs at other colleges or universities:

Course Number	Course Title	Credits

Subtotal _____

2. Non-degree ESF graduate credits (maximum of 9 credits without petition):

Course Number	Course Title	Credits

Subtotal _____

Total transfer credits _____

3. Suggested Courses: The following listed courses are desirable to broaden the student's program but are **NOT required to meet minimum degree requirements**:

Course Number	Course Title	Credits

Subtotal _____

B. Communication Skills

Target Semester for Completion:

1. Technical Writing complete

2. Library Usage complete

C. Master’s Study Integration

Target semester for capstone seminar:

D. Degree Completion

Target semester for completion:

Accepted by:

Major Professor

Student

Steering Committee member

Department Chair or Graduate Coordinator

Steering Committee member

**For non-ESF faculty committee appointments,
please include the full name, affiliation, AND
EMAIL of the appointee.**

cc: Department Chair
Major Professor
The Graduate School
Student
Registrar
CRT_____

Revised: 10/5/22

3B – MPS Student Name:
