



SUNY College of Environmental Science and Forestry
The Graduate School

Program of Study Confirmation

Master of Professional Studies — Complete by the end of your 1st semester

Student Name _____ ESF ID F00 _____ Date _____

Department _____ Program Name _____

Transfer Credit Petition (*Transferring Credits in is optional*)

[Transfer Credit Policies](#)

Up to six credits of graduate coursework from an accredited institution may be accepted toward completion of a master's degree as approved by the steering committee. Students with an ESF undergraduate degree that earned ESF graduate coursework credit during their studies, may petition to have up to 9 of those credits applies to their Master's degree.

Please attach final transcripts from the transfer institution to this form. All transfer credit will remain tentative until official, final transcripts are received. It is the student's responsibility to ensure that official, final transcripts are sent to and received by the College.

Transfer Petition:

Transfer Institution	Course Prefix and Number	Course Title	Credits
Subtotal:			

Approval:

This approval counts as a transfer credit petition.

Major Professor (MP) _____ Signature _____ Date _____

Dept. Chair / Grad. Coord. Name _____

Signature _____ Date _____

Student _____ Signature _____ Date _____



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Required Courses:

The following courses (including seminars) are considered essential for this student's program.

Course Prefix and Number	Course Title	Credits
	Project completed for the professional experience.Project completed for the professional experience.Project completed for the professional experience.Project completed for the professional experience.Project completed for the professional experience.Project completed for the professional experience.	
Subtotal:		

Required Research / Professional Experience Credits:

The following credits are essential for this program (Professional Experience (898)):

Course Prefix and Number	Course Title	Credits
Subtotal:		6.00

Suggested Courses:

The following courses are desirable to broaden the student's program, but are NOT required to meet minimum degree requirements.

Course Prefix and Number	Course Title	Credits
Subtotal:		6.00



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Total Courses:

Total transfer credits _____

Total required and suggested course credits (18–24) _____

Total professional experience credits (6–12) _____

Total number of credits (30) _____

Please ensure these credit totals and plan meet the degree requirements for your program.

Evidence to be used to assess the achievement of the common MPS Program Learning Outcomes:

1. Make a contribution to the practice of discipline

Project completed for the professional experience. Project completed for the professional experience. Project completed for the professional experience. Project completed for the professional experience. Project completed for the professional experience. Project completed for the professional experience. Project completed for the professional experience. Project completed for the professional experience. Project completed for the professional experience. Project completed for the professional experience.

2. Demonstrate effective oral and written communication skills

Project completed for the professional experience. Project completed for the professional experience. Project completed for the professional experience. Project completed for the professional experience. Project completed for the professional experience. Project completed for the professional experience. Project completed for the professional experience. Project completed for the professional experience. Project completed for the professional experience. Project completed for the professional experience.

Master's Study Timeline:

Target semester for completion _____

Course and Plan Approval:

Confirmation that the above coursework will be successfully completed at SUNY ESF, in pursuit of a Master of Professional Studies degree. Any changes to the described coursework, will need to be done via petition.

Major Professor _____ Signature _____ Date _____

Co-Major Professor _____ Signature _____ Date _____

Steering Committee Name _____ Signature _____ Date _____

Steering Committee Name _____ Signature _____ Date _____

Dept. Chair/Grad. Coordinator _____ Signature _____ Date _____

Student _____ Signature _____ Date _____

GRADUATE SCHOOL USE ONLY

Graduate School _____

Banner entry date _____