

Form M-1
MASTER OF EDUCATION

PROPOSED PROGRAM OF STUDY

_____	_____
Student's Name	Amherst Campus ID
_____	_____
Local Telephone #	E-Mail Address
Concentration: _____	

Undergraduate Degree Received:

_____	_____	_____	_____
Degree	Institution	Major	Date

Transfer Credits toward the Master's degree which are allowable (a formal transfer of credit request form must be completed with the Graduate and Undergraduate Programs Office, Room 123, Furcolo Hall):

<u>Date</u>	<u>Institution</u>	<u>Course #</u>	<u>Title</u>	<u>Credits</u>	<u>Grade</u>
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Course work and experiences prior to admission relevant to your intended Program of Study.

Goals and Rationale for your Program of Study (explain the bodies of knowledge, skills, and competencies you expect to acquire through your Program of Study):

Master's Form M-1, continued . . .

Proposed Program of Study (courses, skills, experiences)

<u>DEPARTMENT & COURSE #</u>	<u>COURSE TITLE</u>	<u>SEMESTER TO BE TAKEN</u>	<u>CREDITS</u>
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Total Credits: _____

Student's Signature: _____ **Date:** _____

Advisor's Signature: _____ **Date:** _____

Graduate Program Director's Signature: _____

This form is to be signed by the faculty member assigned as your advisor and filed with the Graduate and Undergraduate Programs Office (Room 123, Furcolo Hall) before the end of the first semester of study.