THE UNIVERSITY OF MAINE
1865

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Telephone: 207.581.3221   Fax: 207.581.3232
Web: umaine.edu/graduate   Email: graduate@maine.edu

Program of Study for the Master's or Certificate Degree

This program of study must be submitted to the Graduate School before completion of twelve credit hours or by the third registration, whichever comes first. Completion of all work indicated on this program of study is a prerequisite for conferring the degree. Any changes to the course work listed on this program of study should be submitted to the Graduate School on the "Change in Program of Study" form.

Date received by Graduate School

Please type or print clearly

Name _____   ID # _____
(First Last)   7 digit Student ID

Email _____   Phone _____

Current mailing address _____

Degree sought ○ Master's ○ Certificate of Advanced Study   Field of study _____

Concentration (if applicable) _____   ○ Thesis   ○ Non-Thesis

Date _____   Student's Signature _____

Advisory Committee (please type or print)	Signatures
Chair	
_____	_____
_____	_____
_____	_____
_____	_____
Graduate Coordinator (Required)	_____

Program Requirements: _____

_____

Human/Animal Subjects Review Committee Approval: ○ YES   ○ NO   ○ N/A

Thesis topic: _____

_____

Statement of the scope and proposed plan of treatment for the thesis: _____

_____

_____

Requests for all committee changes should be sent via email from current advisor to Debbi Clements at debbi.clements@maine.edu.

Course Work

List in chronological order all courses that fulfill the requirement for the degree attempting. This includes prerequisites and courses to be transferred in from another institution.   Please be advised: only 400 level and above courses can be used toward a degree. When listing prerequisite or audit courses - enter 0 (zero) in the "Course Credits" field.

Course Type (P, T or blank)	Institution	Course Number	Course Title	Course Credits	Semester	Year
p - for prerequisite; t - for transfer; otherwise - blank	UMaine	INT 699	Research/Thesis	3	Fall	2012

UMaine credits: _____   **Transfer credits:** _____   **Total number of credits:** _____