

Master of Science Program of Study

Last Name: _____ **First Name:** _____

Phone: _____ **ID #:** - -

Degree Now Held: _____ **Where/When Rcvd:** _____

Advisor: _____ **Term admitted to UO:** _____

PROGRAM OF STUDY (*list below or attach*)

[illegible]**TOTAL PROPOSED PROGRAM CREDIT HRS:**

Exit Requirement:

☐ Publishable Research Project
☐ Publishable Paper/Comprehensive Exam

Proposed Completion Term: _____

I certify that the above information is correct to the best of my knowledge.

Student Signature and Date

Advisor Signature and Date