MASTER'S DEGREE PROGRAM OF STUDY

STUDENT'S NAME_____ 9-DIGIT URI I.D. #_____

DEPT/PROGRAM_____ DEGREE _____(Thesis)(NonThesis)
(circle appropriate)

I hereby certify that all course work taken at the University of Rhode Island is included below and that grades are indicated for all courses completed.

_____ _____
Student's Signature Date

PROGRAM CREDIT COURSES CONSTITUTING THIS STUDENT'S MASTER'S PROGRAM

Course Dept/No	Title	Credits & Grade	Course Dept/No	Title	Credits & Grade
			599	Thesis:	
				Transfer Credit:	
				Total Credits:	

PROGRAM CREDIT TO BE TRANSFERRED FROM OTHER INSTITUTIONS

Official transcript and certification that coures are graduate level courses acceptable for program credit at the other institution must be provided before approval is final.

Course Dept/No	Title	School	Grade (Qtr/Sem)	Credit	Date Compl.	Equiv Course

COURSES TO BE TAKEN AS NON-PROGRAM CREDIT

Course Dept/No	Title	Credits & Grade	Course Dept/No	Title	Credits & Grade

ADVISER/MAJOR PROFESSOR_____ DATE_____

DEPT CHAIR/GRAD DIR _____ DATE_____

DEAN, GRADUATE SCHOOL_____ DATE_____

mspos
10/02/04