

MASTER'S DEGREE PROGRAM OF STUDY

STUDENT'S NAME _____ STUDENT ID NUMBER _____

DEPT/PROGRAM HDF/CSP (512) DEGREE MoS _____ (Thesis) (Non-Thesis)
(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
	*CORE COURSES:			CAPSTONE OPTION:	
HDF 551*	Cnslg Theory/Tech	3	HDF 580	Professional Seminar	
HDF 560*	Group Procedures/Lead	3			
HDF 562*	Org Dev/Hum. Serv	3			
HDF 567*	Princ/Prac of CSP	3			
HDF 568*	Coll Student Dev/Learn	3		ELECTIVE COURSES:	
HDF 570*	Research in HDF	3			
HDF 572*	Admin Practices	1			
HDF 573*	Higher Ed Law	1			
HDF 574*	Environ Theory/Assess	3			
HDF 575*	Cult Comp in Hum Serv	1			
HDF 576*	Div in Higher Ed	2		Transfer Credit:	
				Total Credits:	42

PROGRAM CREDIT TO BE TRANSFERRED FROM OTHER INSTITUTIONS

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

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

COURSES TO BE TAKEN AS NON-PROGRAM CREDIT

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

ADVISOR/MAJOR PROFESSOR _____ DATE _____

DEPARTMENT CHAIRPERSON _____ DATE _____

DEAN, GRADUATE SCHOOL _____ DATE _____