

MASTER'S DEGREE PROGRAM OF STUDY

STUDENT'S NAME \_\_\_\_\_ SOC. SEC. NUMBER \_\_\_\_\_

DEPT/PROGRAM HDF/MFT DEGREE MS 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 GREDIT COURSES CONSTITUTING THIS STUDENT'S MASTER'S PROGRAM					
Course Dept. No.	Title	Credits & Grade	Course Dept. No.	Title	Credits & Grade
HDF 505	Human Sexuality & Coun.	3.0	HDF 581	Prof. Seminar-Res. App.	3.0
HDF 530	Family Theory Seminar	3.0	HDF 583	Master's Internship	6.0
HDF 535	Family Under Stress	3.0	HDF 584	Master's Internship	6.0
HDF 559	Gender Issues in Therapy	3.0	(		)
HDF 563	Mar. & Family Therapy	3.0			
HDF 564	Mar. & Fam. Therapy II	3.0			
HDF 565	Family therapy Prac.	12.0			
HDF 566	Theoretical & Clinical	3.0			
HDF 569	Assessment in Fam. Ther.	3.0			
HDF 570	Research in HD&FS	3.0			
HDF 578	Prof. Seminar (Ethics)	3.0	HDF 599	Thesis:	
				Transfer Credit:	
				Total Credits:	

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 \_\_\_\_\_