

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 \_\_\_\_\_