Form M-1

MASTER OF EDUCATION
PROPOSED PROGRAM OF STUDY

Please Print or Type:

_____	_____
Student's Name	**Spire ID Number**
Local/ Cell Phone Number	**Email Address**

Advisor:_____ **Concentration:**_____

Undergraduate Degree Received:

Degree	Institution	Major	Date

Transfer Credits toward the Master's degree which are allowable (a formal transfer of credit request form must be completed with the Office of Academic Affairs (Room 123, Furcolo Hall):

Date	Institution	Course #	Title	Credit	Grade

Course work and experiences prior to admission relevant to your intended Program of Study:

Goals and Rationale for your Program of Study (explain the bodies of knowledge, skills, and competencies you expect to acquire through your Program of Study):

Proposed Program of Study:

Department & Course #	Course Title	Semester & Year	Credits
		TOTAL CREDITS	

*NOTE: If you are in a licensure program of study, you must check with your **academic advisor** that all requirements to meet licensure are being completed.*

Student's Signature:_____ **Date:** _____

Advisor's Signature: _____ **Date:** _____

Graduate Program Director's Signature: _____
Linda L. Griffin

NOTE: This form is to be signed by the faculty member assigned as your advisor and filed with the Office of Academic Affairs (Room 123, Furcolo Hall) before the end of the first semester of study.