University of Alaska Fairbanks

PROPOSED INTERDISCIPLINARY MASTER’S DEGREE
GRADUATE STUDY PLAN (GSP) APPLICATION

Date: ____________________________

Name: ___________________________ SID# (student ID#) ___________________________

Phone #: __________________________ Email: ________________________________

_______________________________
Mailing Address

_______________________________

Degree Sought: ________________ Proposed Degree Title: __________________________

M.S., MA. ______________________ (Example: Soil Chemistry, Acoustics Fisheries)

LIST THE PROPOSED COMMITTEE MEMBERS:

<table>
<thead>
<tr>
<th>Committee</th>
<th>Membership Signatures (by signing you agree to serve on the committee)</th>
<th>Please Print Name</th>
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<tbody>
<tr>
<td>Advisor:</td>
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1. CREDITS TO BE INCLUDED IN DEGREE PROGRAM

UNIVERSITY OF ALASKA credits (coursework, research, and thesis)

600-level (including thesis, project, and research credits):

<table>
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<tr>
<th>Semester</th>
<th>Course Dept. &amp; No.</th>
<th>Title</th>
<th>Credits</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 05</td>
<td>ANTH 699 (example)</td>
<td>Thesis</td>
<td>6</td>
<td>DF</td>
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</table>

Updated 2/2/06
UNIVERSITY OF ALASKA credits

400-level:

Deficiency courses (Required courses that will not count toward your minimum credit requirement, i.e. 100, 200, 300 level courses):

TRANSFER COURSES: Graduate degree credit will be transferable within the UA system and from any other accredited institution for courses where the student has received a grade of B or better with the following stipulations: up to 1/2 of all graduate degree credits may be transferred with no more than 1/3 of all graduate degree credits transferred from any other accredited institution outside the UA system. All transfer credits must have been taken within the appropriate time limit for the degree.

Courses are to be transferred from

MINIMUM CREDITS REQUIRED FOR DEGREE PROGRAM

YOUR TOTAL PROGRAM CREDITS:

(400 level only) undergraduate

II. Specific subject areas in which the student will be examined on comprehensive examination.

III. Preliminary title of thesis or project:

Updated 2/2/06
IV. **Estimate** date of completion for the following:

- Qualifying examination (if required)
- Comprehensive examination
- Advancement to candidacy
- Completing coursework
- Completion of first draft of thesis
- Thesis defense

I have reviewed the proposed INDS Master’s Graduate Study Plan submitted by this applicant and agree to serve as the major advisor to this applicant if he/she is admitted. I have attached my current vitae.

PRINT NAME OF ADVISOR: SIGNATURE: DATE:

Department Email Phone

I agree to consider the proposed INDS Master’s applicant being home-based in the:

Department (the department of the major advisor) and to the appropriate workload allocation for the major advisor.

PRINT NAME: SIGNATURE: DATE:

Department Chair

Dean of College or School where applicant will be home-based.