UNIVERSITY OF ALASKA FAIRBANKS

UAF INDS MASTER'S DEGREE
Proposed Graduate Study Plan

Applicant's Full Name:	UAF Student ID (if known):
Email:	Date of Birth:

Degree Sought (MA or MS):　　　　Topic: _____

Are you planning on completing a　　Thesis　　Project　　Preliminary Title of Thesis or Project: _____

Directions: Complete this form in consultation with your proposed committee chair

PROPOSED COMMITTEE MEMBERS (**Need first two members identified (must be from different departments); if three committee members are not identified, please note the departments from which you plan to seek your additional members**)

POSITION AND PRINTED NAME	EMAIL	DEPARTMENT/INSTITUTION
Committee Chair		
1st Committee Member **Cannot be from same department as Committee Chair**		
2nd Member:		
3rd Member (optional):		
4th Member (optional):		

∗ Place an asterisk before the name of the committee member from any PhD granting departments at UAF.

A. DEFICIENCY COURSES (100-, 200-, 300-, and/or 400-Level courses):

(These are courses that are considered essential preparation for your program. They <u>will not count</u> toward your minimum credit requirement.)

Semester	Course Dept. and Number	Course Title	Credits

B. COURSES TO BE INCLUDED IN DEGREE PROGRAM

B1. UAF COURSES – 400 level (must earn a 'B' or better; cannot have been used for prior bachelor's):

Semester	Course Dept. and Number	Course Title	Credits

UAF is an AA/EO employer and educational institution and prohibits illegal discrimination against any individual: www.alaska.edu/titleIXcompliance/nondiscrimination.

1 | P a g e

rev. 6/14/17

UAF INDS MASTER'S DEGREE
Proposed Graduate Study Plan

B2. UAF COURSES – 600 level *(coursework, independent study, project/thesis credits)*

Semester	Course Dept. and Number	Course Title	Credits

B3. 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 within the UA system; no more than 1/3 of all graduate degree credits may be transferred from accredited institutions outside the UA system. All transfer credits must have been taken within the appropriate time limit for the degree.

a) UA System Transfer Credit: From UAS   From UAA   From Both UAS and UAA

Semester	Course Dept. and #	Course Title	# Credits	Grade

b) Non-UA Transfer Credit from:_____

Semester	Course Dept. and #	Course Title	# Credits	Grade

Applicant Name:

TOTAL OF <u>SECTION B</u> CREDITS (minimum of 30 required):

If you chose **"Thesis"** on page 1, list total of **Thesis (F699)** Credits (min 6cr required, max of 12 allowed)	
If you chose **"Project"** on page 1, list total of **Project (F698)** Credits (min 3cr required, max of 6 allowed)	
Total of **600-level UAF courses** *NOT including Thesis or Project Credits*	
Total of **400-level UAF courses** *NOT including deficiency courses from Section A*	
Total of **UA Transfer Credit (from section B3.a)** *(Max 1/2 of total credits; cannot have been used toward a previous bachelor's)*	
Total of **Non-UA Transfer Credit (section B3.b)** *(Max 1/3rd of total credits; cannot have been used towards prior bachelor's; must have a 'B' or better)*	
Total Credits to be applied to degree: *(Min. of 30 required - field will autocalculate)*	

C. TIMELINE

Please **estimate** the semester of completion for each of the items below. These are goals only; there is nothing preventing you from completing them earlier or later.

	Expected semester and year of completion
Comprehensive Exam (written and/or oral):	
Advancement to Candidacy:	
Completion of coursework:	
Completion of first draft of thesis/project:	
Thesis/Project Defense:	

D. SIGNATURES

Committee Chair Signature	
By signing below, I affirm that I have reviewed this Graduate Study Plan and agree to serve as the major advisor to this applicant if he/she is admitted. I have attached my current vitae.	
Committee Chair Printed Name:	
Signature:	Date:

Department Chair Approval and Signature	
By signing below, 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.	
Department Chair Printed Name:	
Signature:	Date:

School/College Dean Approval	
School/College Dean Printed Name:	
Signature:	Date:

Applicant Name: