

**Syracuse University – School of Education – Program of Study – Master’s Degree**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

SU ID #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone/cell phone: \_\_\_\_\_

**Master’s Degree Program Name** \_\_\_\_\_

Review and check the appropriate box:

- I am seeking the recommendation of the School of Education for New York State Certification. I will speak to my faculty advisor and/or the Office of Academic and Student Services to obtain additional information regarding the process.
  
- I am not seeking the recommendation of the School of Education for New York State Certification.

**UNDERGRADUATE PREREQUISITES required and to be taken prior to or concurrent with this Master’s degree:**

<u>Course prefix and number</u>	<u>Course title</u>	<u>Credits</u>	<u>Institution</u>	<u>Semester/Year</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TRANSFER COURSES accepted from other colleges to be used for this degree and to be posted to my student record:**

<u>Course prefix and number</u>	<u>Course title</u>	<u>Credits</u>	<u>Institution</u>	<u>Semester/Year</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**COURSES TAKEN at Syracuse University to be used for this degree program:**

<u>Course prefix and number</u>	<u>Course title</u>	<u>Credits</u>	<u>Date Taken</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Total graduate credit hours** \_\_\_\_\_  
**(Do not add undergraduate credits)**

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I have reviewed AND support the program of study as provided above:*

**Advisor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Academic Unit Chair signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assistant Dean for Academic and Student Services signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_