**Name: Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:**

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| **Quarter & Year** | **Dept Course #** | **Course Title** | **Letter or C/NC** | **Units** |
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TOTAL UNITS:

**SIGNATURES/APPROVALS**

*The above program of study, when completed, will fulfill the requirements for the proposed master’s degree*.

**Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**

**Associate Dean \_\_\_\_\_\_\_\_\_\_\_\_ Date**

**MA Programs Officer \_\_\_\_\_ Date**

**Students should keep a copy for their records**