## **MPOS**



# Master's Degree or Certificate Program of Study

This form should be filled out on your computer, then saved with a new file name to your local disk.

Next, print the form and obtain the necessary signatures.

Last Name: Firs				rst Name:					MI:		USC ID:	
Street:				City:					State:		Zip:	
Email:						Phone:						
Degree: Major:								Track:				
Admitted	to Progran	n Term	Year			Fore	eign Langı	uages r	equi	ired:	Date C	ompleted
Other Req	uirements:											
				Droca	rom o	of Cour	505					
program. Ex	ample: ENGL	ow, list all courses for w 751 Amer. Novel in 201 which exceeds the 6 ye	th Cent.	pproval is red	questec	d in the m	aster's degre	red for th	ie mas	ster's or certit	ficate prog	ram. Note that
Dept Prefix	Course Number	Abbreviated C	ourse	Title		erm ipleted	Year	Cred Hou		Grade	Whe	re Taken
				Appro	val S	Signatu	ıres					
Student				ate		Gradu	ate Direct	or of P	rogr	am or Sch	ool	Date
Major Pro	fessor			Date		Dean	of the Gra	duate \$	Scho	ool		Date

## Master's Degree or Certificate Program of Study

Dept Prefix	Course Number	Abbreviated Course Title	Term Completed	Year	Credit Hours	Grade	Where Taken
	+ +						

### **Approval Signatures**

#### \*\*\*\*BOTH PAGES MUST BE SIGNED IF COURSEWORK EXTENDS TO SECOND PAGE\*\*\*\*\*

Student	Date	Graduate Director of Program or School	Date
Major Professor	Date	Dean of the Graduate School	Date

**Page** 

2 of 2