

Program Proposal for a Master's Degree (A.M., M.F.A., M.A.T., or M.S.)

This form is to be submitted by the student to the major department *prior to the end of the first quarter of enrollment in the program*. Please type or print the application, retain a copy for your records. If your plans for meeting degree requirements change, you must formally submit the changes to your department for approval. The University minimum requirement for each master's degree is 36 unduplicated units of work done at Stanford and three full-tuition quarters. Departments may have additional requirements for the degree. In your final quarter, you must submit an *Application to Graduate for Advanced Degrees* through Axess. See "application to graduate" deadlines listed in the Stanford University *Time Schedule*.

NAME (Last)	(First)	(Middle)	Stanford Student Number
Department	Field Designation	Degree	Proposed Date for Degree Conferral
Other Stanford degree programs completed or in progress	Department	Degree	Conferral
			Coterminal AB/BS?

A. Stanford Courses to Be Completed in Fulfillment of the Requirements for this Degree

Quarter & Year	Dept. & Course No.	Course Title	Units	Quarter & Year	Dept. & Course No.	Course Title	Units

B. Work Completed Elsewhere as a Graduate Student and Accepted by Department to Fulfill Degree Requirements

Each master's degree must include 36 units of work done at Stanford. Work completed elsewhere as a graduate student, after conferral of the bachelor's degree, may be accepted by the department to meet requirements above the 36-unit minimum.

Institution	Dates of Enrollment	Courses	Units

C. Other Requirements to be Completed

University thesis
 Departmental project
 Qualifying examination
 Foreign language

Thesis title or project description: _____ Units from Sec. A _____

Other (specify) _____ Units from Sec. B _____

Student's signature _____ Phone _____ Date _____ Total Units _____

To Be Completed by Department

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

Signature of Department/Area Chair	Date	Signature of Adviser	Date
Printed Name of Department/Area Chair		Printed Name of Adviser	
Department Administrator Verification/NSI input:		Name	Date