

University of Arkansas
College of Education and Health Professions
Master's Degree – Program of Study

Student's Name: _____ SS# _____

Area of Specialization: _____ Area of Concentration: _____

Number of Semester hours completed _____ M.Ed. or _____ M.S.

List courses in Area of Specialization:

Required:

Course Area, No. & Title	Grade	Term	Institution	Credit Hours

Sub Total _____

Electives:

Course Area, No. & Title	Grade	Term	Institution	Credit Hours

Sub Total _____

List required College of Education Core Courses as defined by the program area:

Course Area, No. & Title	Grade	Term	Institution	Credit Hours

Sub Total _____

List Elective College of Education Courses NOT within your area of specialization

Course Area, No. & Title	Grade	Term	Institution	Credit Hours

Sub Total _____

List Transfer Credit Course(s):

Course Area, No. & Title	Grade	Term	Institution	Credit Hours

Sub Total _____

Total Number of Hours _____

Explanation of any variations: _____

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Coordinator's Signature: _____ Date: _____

Associate Dean's Signature: _____ date: _____