

PROGRAM OF STUDY FORM – GRADUATE

NAME: _____ **SU ID #:** _____
LAST FIRST MI

ADDRESS: _____
STREET CITY STATE ZIP CODE

EMAIL ADDRESS: _____ **PHONE (daytime):** _____

GRADUATE PROGRAM: _____ **DEGREES SOUGHT:** _____

ADMISSION DATE: _____

PROJECTED GRADUATION DATE*: _____ **YEAR: 20** _____
DEC MAY JUNE AUG

TODAY'S DATE: _____

DEGREES FROM OTHER INSTITUTIONS:

DEGREE: _____ **INSTITUTION:** _____

DEGREE: _____ **INSTITUTION:** _____

OTHER SYRACUSE UNIVERSITY GRADUATE DEGREES BEING SOUGHT OR CONFERRED:

DEGREE: _____ **PROGRAM:** _____ **DEGREE DATE/PROJECTED GRADUATION DATE:** _____

DEGREE: _____ **PROGRAM:** _____ **DEGREE DATE/PROJECTED GRADUATION DATE:** _____

PROGRAM OF STUDY APPROVALS:

GRADUATE ACADEMIC COUNSELOR DATE

PROGRAM DIRECTOR DATE

DEAN DATE

NOTE: If any portion of this Program of Study comes from, or is being used in any other Syracuse University graduate degree program(s) that/those Program(s) of Study must be submitted along with this one.

*Date when you have completed all degree requirements

Campus students should SUBMIT ONE COMPLETED COPY for each program BY THE PUBLISHED DEADLINE for approval to Student Services in 114 Hinds Hall or to iAdvising@syr.edu.
Online students should SUBMIT ONE COMPLETED COPY for each program BY THE PUBLISHED DEADLINE for approval to their online student support advisor.

