FSU | COLLEGE OF APPLIED STUDIES

Program of Study Worksheet

As early as possible during the first term of graduate work, students should prepare a program of courses with the help of their major professor or advisor. This program must be approved by the major professor and the chair of the major department. A copy of the approved program is to be kept on file in the department (FSU Graduate & Professional Student Handbook).

Degree Program: _____ Semester Master's work began: _____

Name: _____ EMPLID: _____

FSU Email: _____ Phone: _____

Florida Resident: ☐ Yes ☐ No ☐ Active-duty residing outside of FL

Anticipated Funding Source

☐ **Federal Student Aid** (6 credit hours to be eligible, 9+ credit hours for full-time funding)

☐ **State Employee Tuition Waiver** (maximum 6 credits hours of state fundable courses)

☐ **FSU Employee Tuition Scholarship** (maximum 6 credit hours of state fundable courses)

☐ **VA Education Benefits** (complete the FSU Request for Benefits form EACH term)

☐ **Military Tuition Assistance (TA)** (submit this signed form and complete the FSU Self-Identified Veterans Form your first semester)

☐ **Employer Contribution**

☐ **Self-Pay/Out-of-Pocket**

☐ **Other:** _____

Additional Notes:

By signing below, I certify that I have been made aware of the courses required for my graduate degree as well as the timeline by which I should complete these courses. I understand that any changes to the program of study below, although allowable, may impact my graduation timeline or financial aid eligibility.

Student Signature: _____ Date: _____

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GRADUATE COURSEWORK TO BE APPLIED TOWARD MASTER'S DEGREE. Include all coursework for the degree, and the semester/year in which coursework will be completed. If coursework has been completed, include the grade received. If coursework is to be counted as transfer credit, note the number of hours below.

Note: Students should reach out to the CPC faculty advisor Dr. Brian Parker in their second to last semester to meet for a **pre-capstone advising meeting**.

Course No.	Section	Course Title	Credits	Grade	Institution	Term	OK
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐

Total Hours Transferred _____

Total Hours Applied Toward Master's Degree 33

	Name	**Signature**	**Date**
Major Professor:	_____	_____	_____
Committee:	_____	_____	_____
Committee:	_____	_____	_____
Committee:	_____	_____	_____
Advisor:	_____	_____	_____
Associate Dean:	_____	_____	_____
Dean:	_____	_____	_____