



**FLORIDA STATE UNIVERSITY**  
**PANAMA CITY**  
PUBLIC SAFETY & SECURITY

**LAW ENFORCEMENT INTELLIGENCE**

**PROGRAM OF STUDY WORKSHEET**

This form is to be completed by the student and the advisory committee prior to the end of the first semester of graduate work. After all signatures are obtained, one copy will be filed with the department secretary and the original will be filed in the College office. The student should provide each of his/her committee members with a copy and the student should retain a copy for reference. PLEASE TYPE.

Name: \_\_\_\_\_ FSU ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Undergraduate Degree:            BA                            BS                            BFA  
from (Institution) \_\_\_\_\_

Date Conferred: \_\_\_\_\_ Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Graduate coursework attempted elsewhere: Major: \_\_\_\_\_

Institution: \_\_\_\_\_

Dates in attendance: from \_\_\_\_\_ to \_\_\_\_\_ Credits completed: \_\_\_\_\_

Degree program at FSU:            MA                            MS                            Emphasis Area: \_\_\_\_\_

   Thesis                            Non Thesis

Semester Master's work began: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GRADUATE COURSEWORK TO BE APPLIED TOWARD MASTER'S DEGREE. Please list all coursework for the degree, showing semester and year in which coursework was or will be completed. If coursework has been completed, be sure to show the grade received. If coursework was taken at another university and is to be counted as transfer credit, please place a check in the far left column when you list the course.

Course No.	Course Title	Credit Hours	Grade	Institution	Semester/Year
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Total 4000 level hours at FSU

Total Hours with Letter Grades

Total Hours Supervised Teaching and/or Supervised Research

Total Hours Transferred

Total Hours Applied Toward Master's Degree

Obtain signatures from committee members and administrators:

	Name	Signature	Date of Approval
Approved: Major Professor	_____	_____	_____
Committee:	_____	_____	_____
Committee:	_____	_____	_____
Committee:	_____	_____	_____
Program Coordinator:	_____	_____	_____
Associate Dean:	_____	_____	_____
Dean:	_____	_____	_____