

Program of Study

The Graduate School
Syracuse University

Check here if revision	
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Name: _____ SUID: _____
LAST FIRST M.I.

Address: _____ Phone : _____
NUMBER STREET CITY STATE ZIP

Email Address: _____ Expected Graduation Date [EGT] _____

Graduate Program: _____ Degree: _____

Admission Date: _____ Defense Date (if applicable): _____

Date of Filing this form with the Graduate Degree Certification Office: _____

Thesis or Dissertation Title (if appropriate): _____

Previous Degrees (from other institutions):

Degree: _____ Institution: _____ Degree Date: _____

Degree: _____ Institution: _____ Degree Date: _____

Other Syracuse Graduate Degrees being sought or conferred:

Degree: _____ Program: _____ Degree Date/Expected Graduation Date: _____

Degree: _____ Program: _____ Degree Date/Expected Graduation Date: _____

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

Approvals:

ADVISOR signature Date: _____

DEPARTMENT CHAIR/GRADUATE PROGRAM DIRECTOR signature Date: _____

DEAN signature (Required only for students in the School of Education, School of Information Studies, and the College of Visual and Performing Arts) Date: _____

**PLEASE SUBMIT 1 (ONE) APPROVED/SIGNED PROGRAM OF STUDY to the
Graduate Degree Certification Office, 106 Steele Hall, Syracuse, NY 13244
See our website for deadlines: <http://gradsch.syr.edu/>.**

