Master's Thesis Program of Study

	Program of Study O	Original C Revise	ed
Student Name		Department	
URI ID		Program	
Preferred E-mail		Specialization	
Student Phone #		(if applicable)	

A. Courses Taken in Degree Program at URI

Please be sure that any courses listed in the URI Catalog as requirements for your degree appear in this section.

Courses not listed in any other section of this form (B-E) should be listed here. For "Special Problems" or "Directed Study" or any other open-ended course, the sub-title should be listed. These problems should be separate from, and independent of, the thesis research. Please see Section 7.40 of the Graduate School Manual.

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Course Code		Credits	Grade	Grad School Only
	Research Credits (Total 599 Credits)			

B. Graduate Courses Taken as a Non-matriculating Student

Please see Section 3.30 of the Graduate School Manual.

Course Code	Litle	Credits	Grade	Grad School Only

C. Courses Transferred from Other Institutions

	Graduate School.	Chool Manual. After ti	ne course(s) ilas beel	i completeu,	and Omciai tran	script snould be requested and sent
Course Code	Title	Institution	Grade	Credit (qtr/sem)	Date Completed	Equivalent Credit	Grad School Only
Please see Se		chool Manual. Please	note that	for these c	ourses a lette		Undergraduate Degree ent's undergraduate dean's office
Course Coo		Title		Credits	Grade		Grad School Only
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Enter credits in the following sections;							
Section	A Section B	Section C	Sect	ion D	1	otal Program	Credits(A+B+C+D)
Courses taken		ses Required t					Credit es not essential to the Degree Program
Course Cou		Title	and tool of		s Grade		Grad School Only
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match the ap	in the names and e-mail a oproved establishment of sive exam committees.						note that this information must obers of your defense or
Major Profes	sor				E-m	ail	
Co-major Pro	ofessor (if applicable)				E-m	ail	
Inside Committee Member				E-m	ail		
Outside Committee Member				E-m	ail:		
Additional Committee Member (if applicable)				E-m	ail:		
Additional Committee Member (if applicable)				E-m	ail:		
	ase provide the name and o The Graduate School.	d e-mail address of	the Depa	rtment CI	nair or Grad	luate Director	that will approve this form before
Submitting t	o The Graduate School.						
Department	Chair / Graduate Director				E-m	ail:	

Student: Once you have completed and electronically signed the form, the file should be named in the format URID_Lastname_Firstname_POS.pdf (ex: 1002xxx34_Smith_John_POS.pdf) and sent to your Major Professor for review. This form may also be printed for your records.

1. Student					
2. Major Professor		Department			
(if applicable) sign the form, sa	ve and send as an attachment to Co-major Professor		· ·	At	
3. Co-Major Professor		Department			
After all major professors have an attachment to Inside Membe	signed the form, the form is to be saved and sent as er		A	At	
4. Inside Member		Department			
Sign the form, save and send a	as an attachment to Outside Member		- A	At	
5. Outside Member		Department			
(if applicable) sign the form, sa	ve and send as an attachment to Additional Member		A	At	
Otherwise, sign the form, save	and send as an attachment to Department Chair/Gradu	ate Director			
6. Additional Member		Department			
(if applicable) sign the form, sa	ve and send as an attachment to Additional Member		, A	At	
7. Additional Member		Department			
After all additional members ha	ave signed the form, the form is to be saved and sent as	an attachment to D	Department Chair/Graduate D	irector	
the person who signed to to gradforms@etal.uri.	duate Director: This form is not valid unlessoox 2 must provide the signature on box 8. edu as an attachment and copy-in (cc:) the nt before submitting to The Graduate School	To submit the for student. Pleas	orm to the Graduate So	chool you sh	nould save the file and send
8. Department Chair/Graduate Director		Department			
Graduate School Use Onl		I	Notes		
Graduate School	○ Not Approved				