

Graduate School

Instructions: After completing Sections 1 and 2, submit form to the Associate Dean for Graduate Studies in your school or college for approval and forwarding to the Graduate School. Please note that only graduate-level courses taken as part of a normal graduate program of study for your discipline will be considered for tuition remission.

SECTION 1: STUDENT INFORMATION

| | | |
|--|--|-------------------------|
| Name (Last, First and Middle) | | TUId |
| Current Mailing Address (including City, State and Zip Code) | | |
| Telephone (beginning with Area Code) | Temple Email | |
| School or College | Program | Degree |
| Total Credits Required for Degree | Advanced Standing or Transfer Credits Earned | Credits to be Completed |

SECTION 2: MASTER'S PROGRAM OF STUDY

Complete the attached table.

SECTION 3: SCHOOL OR COLLEGE APPROVAL

| | | | |
|--|-----------------------------|------------------------|------|
| Number of Credits Approved | | | |
| Signature of Advisor | | Name of Advisor | Date |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Signature of Associate Dean | Name of Associate Dean | Date |

SECTION 4: GRADUATE SCHOOL APPROVAL

| | | | |
|--|---------------------------|----------------------|------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Signature of Vice Provost | Name of Vice Provost | Date |
|--|---------------------------|----------------------|------|

SECTION 2: MASTER'S PROGRAM OF STUDY

Include all required and elective courses, including those related to comprehensive examination and thesis or other culminating event.

| Term (e.g., Fall 2015) | Course Number (e.g., CIS 5501) | Course Title | Course Type | Number of Credits |
|---------------------------|-----------------------------------|--------------|--|-------------------|
| | | | <input type="checkbox"/> Required <input type="checkbox"/> Elective | |
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SECTION 2: MASTER'S PROGRAM OF STUDY (continued)

| Term (e.g., Fall 2015) | Course Number (e.g., CIS 5501) | Course Title | Course Type | Number of Credits |
|---------------------------|-----------------------------------|--------------|--|-------------------|
| | | | <input type="checkbox"/> Required <input type="checkbox"/> Elective | |
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