



**School of Education
Master of Arts Degree
M.A. Degree Program Plan**

Name _____ M.A. Program Concentration _____

Email address _____

Date admitted into MA program (semester/year) _____

Proposed Pathway (check one) Thesis/Project Individualized Exam
 Cognate Undecided

MA Core Courses

| Dept & No. | Course Title | Date to do (sem/year) | Completed? |
|------------|--------------|-----------------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

Program Concentration Courses

| Dept & No. | Course Title | Date to do (sem/year) | Completed? |
|------------|--------------|-----------------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Cognate/Exam Elective Courses (if applicable)

| Dept & No. | Course Title | Date to do (sem/year) | Completed? |
|------------|--------------|-----------------------|------------|
| | | | |
| | | | |
| | | | |

Signature of Advisor/Date (this form should be signed when changes are made)
