GRADUATE SCHOOL
THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

PROGRAM OF STUDY FOR GRADUATE MASTER'S DEGREE

Date: _____ **Student UAH Email:** _____ ☐ **Thesis** ☐ **Non-Thesis**

Student Name: _____ **Student A No.:** A_____

Department/Program: _____ **Degree:** _____

UAH Course	Title of Course	Credit Hours	Grade	Term	Name of Institution if transfer course request*; remarks	Transfer Course #
Required courses:					*Include a copy of transcript if applicable	
Thesis courses if applicable:						
ESL courses if applicable:						

Student Signature	Date	Type Comm. Chair Name	Signature	Date
Advisor Signature	Date	Type Member Name	Signature	Date
Department Signature	Date	Type Member Name	Signature	Date
Graduate School Signature	Date	Type Member Name	Signature	Date

Indicate course waivers, substitutions or other comments pertinent to a graduation audit: