Southern Oregon University Graduate School

COMPUTER SCIENCE MASTER'S DEGREE PROGRAM FORM

One typed copy of this form must be filed prior to the completion of 12 graduate credits

Name _____ Phone _____ Student ID# _____

Mailing Address _____
STREET & APT. # CITY STATE ZIP CODE

GRE Score _____ Date _____ TOEFL Score _____ Date _____
(Verbal/Quantitative/Writing) (International Students Only)

PROPOSED MAJOR DEPARTMENT Course Titles	Dept. Prefix & Course #	Credits Per CRS	Grade Received	Term & Year	SOU Instructor or Name of Institution Where Course Taken

(18-36)

PROPOSED SUPPORT AREA (related courses supporting major area)

(9-27)

MINIMUM TOTAL CREDIT = 45

PROGRAM APPROVALS
- Major Area Advisor _____ Date _____
- Support Area Advisor _____ Date _____
- Department Chair _____ Date _____
- Dean of Science _____ Date _____

MID-PROGRAM MEETING Action _____ Date _____

COMPREHENSIVE EXAM(S) Written Action _____ Date _____ Oral Action _____ Date _____

THESIS (or) PROJECT _____ Oral Defense Action _____ Date _____

_____
DATE APPROVED THESIS OR PROJECT SUBMITTED TO GRADUATE OFFICE

_____
DATE DEGREE REQUIREMENTS COMPLETED