



CCAS MUSEUM STUDIES PROGRAM
PROGRAM OF STUDIES (MASTER'S)

Name _____ SS# _____

Street _____

City _____ State _____ Zip Code _____

Degree: _____ Number of graduate credits transferred in: _____

Course work:

Deficiency courses: include those specified in admission letter.

Required Courses:

Additional requirements:

Intended date of completion

Internship _____

Internship _____

Academic Core Comprehensive Exam _____

Museum Studies Comprehensive Exam _____

Writing Requirement _____

Completion of ALL degree requirements: _____
(date)

Student's Signature: _____ Date _____

Advisor's Approval: _____ Date _____