

Office of Graduate Studies

STATE UNIVERSITY COLLEGE
New Paltz, New York 12561

DEGREE PLAN OF STUDY
M.S. IN EDUCATION
(Secondary 7-12)

Field: _____

Social Security No. Name (Last, First, Middle Initial) _____ Date _____

Address _____ Zip _____ Telephone Number _____

Date you expect to complete degree requirements: Month _____ Year _____

Course Number	Title of Course	Grade Earned	Date	LIST CREDITS	
				Taken	To Take
	<u>PROFESSIONAL EDUCATION (9 Credit Hours)</u>				
	<u>LIBERAL STUDIES (15 Credit Hours)</u>				
	<u>ELECTIVES (3 Credit Hours or 6 Credit Hours (Social Studies))</u>				
	<u>REQUIRED (3 Credit Hours)</u>				
99798	Principles of Research, OR				
795	Independent Study				

TOTAL CREDITS REQUIRED FOR DEGREE: _____

Approved Transfer Credits

Course Number	Course Title	Name of Institution	Grade	Credits	Term Taken

(1) _____
Signature: Student Date

(2) _____
Signature: Liberal Arts Advisor Date

(3) _____
Signature: Education Advisor

(4) _____
Signature: Chair, Department of Secondary Education Date

Concurrence: _____
Chairman, Graduate Faculty (HAB 804) Date