# DEGREE PLAN OF STUDY
THE GRADUATE SCHOOL  SUNY NEW PALTZ, NY 12561-2499

**MASTER OF FINE ARTS -**  
Program Code Number: Ceramics (301)  
Metals (302)  
Painting (303)  
Printmaking (305)  
Sculpture (306)  

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Student ID#</th>
</tr>
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<tbody>
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**Home Address:**  
Number and Street  
City/Town  
State  
Zip  

(Area code) Home Telephone  
Cell Phone/Other  
E-Mail Address  

Date you expect to complete this degree:  
Month  
Year  

<table>
<thead>
<tr>
<th>CHANGE/TRANSFER</th>
<th>COURSE NO.</th>
<th>COURSE TITLE</th>
<th>CREDITS</th>
<th>DATE</th>
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| MAJOR FIELD – 30 CREDITS  
ARS 790  
ARS 790  
LIBERAL ARTS/ART HISTORY/THEORY – 12 CREDITS  
ARS 501  
ARS 700  
ELECTIVES – 18 CREDITS  
| |

TOTAL CREDITS REQUIRED TO COMPLETE DEGREE = 60

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<tr>
<th>Student’s Signature</th>
<th>Date</th>
<th>Chair’s Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Advisor’s Signature</td>
<td>Date</td>
<td>Concurrence: Dean of Graduate School</td>
<td>Date</td>
</tr>
<tr>
<td>Coordinator’s Signature</td>
<td>Date</td>
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<td>0807</td>
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Request for Transfer Credit

Note: This form must be used for posting of any transfer credit.

Approved Transfer Credits

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Institution</th>
<th>Grade</th>
<th>Term</th>
<th>Credits</th>
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New Paltz Course Equivalent

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credits</th>
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<tbody>
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<tr>
<td>3</td>
<td></td>
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</tbody>
</table>

Request for Change in Plan of Study

The Graduate School/State University of New York at New Paltz

Major: ____________________________________________
Concentration: _____________________________________

Change From: (Must list course # and title)  To: (Must list course # and title)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student’s Signature ____________________________ Date ____________
Chair’s Signature _____________________________ Date ____________
Advisor’s Signature ____________________________ Date ____________
Concurrence: Dean of Graduate School ____________ Date ____________
Coordinator’s Signature _________________________ Date ____________

0807