Department of Educational Psychology
Master's Degree Program of Study

Due at the beginning of the intended semester of graduation
Turn Form into the Department of Educational Psychology

Full Name: _____ UofU ID#: _____

Program: _____

This degree is expected to be completed at the end of: Semester: _____ Year: _____

Thesis or Non-Thesis: _____ Description of Non-Thesis Option: _____

Defense/Exam Date: _____

Supervisory Committee:

Chair: _____

Member: _____

Member: _____

For Office Use ONLY:

Submitted Online: _____

Semester & Year Taken	Department & Course No. and Section	Course Title	Sem. Hours