

Program of Study for the Master’s Degree

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| Student Name: | Enter text. | | | | |
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| URID: | Enter text. | Program: | Choose an item. | Plan: | Choose an item. |

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| Courses  for Credit | Title | Credit Hours | Grade |
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| TOTAL HOURS  (total must equal at least 30 credit hours including no more than the allowable hours of research/lab rotation) | | Total Hours | Total Hours |

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| Master’s Program Director Signature | Date |

**Submit completed form to** [**registrar@rochester.edu**](mailto:registrar@rochester.edu)**.**