## Syracuse University – School of Education – Program of Study – Master's Degree Name: SU ID #: Email: Address: Phone/cell phone: Master's Degree Program Name I am seeking the recommendation of the School of Education for New York State Certification. I will speak to my faculty advisor and/or the Office of Academic and Student Services to obtain additional information regarding the process. I am not seeking the recommendation of the School of Education for New York State Certification. UNDERGRADUATE PREREQUISITES to be taken prior to or concurrent with this Master's degree: Course prefix and number Course title Credits Institution Semester/Yr TRANSFER COURSES from other colleges to be used in this program: Course prefix and number Semester/Yr Course title Credits Institution COURSES TAKEN at Syracuse University to be used in this program: Credits Course prefix and number Course title Date Taken Grade Total graduate credit hours (Do not add undergraduate credits) **Student signature:** Date: I have reviewed AND support the program of study as provided above: Advisor signature: \_\_\_\_\_ Date: \_\_\_\_\_ Academic Unit Chair signature: Date: \_\_\_\_\_

Assistant Dean for Academic and Student Services signature:

Date: \_\_\_\_\_