



PROGRAM OF STUDY / Application for Degree

- Note:**
- 1) All transfer credit must be accompanied by a **Transfer Credit Approval Form** and an OFFICIAL transcript.
 - 2) All signatures are the responsibility of the student to obtain, signature means approval.
 - 3) A copy of this completed form should be given to the graduate director/coordinator in your department/program.
 - 4) Any exceptions or substitutions from catalog requirements **MUST** be preapproved by the graduate dean and noted on this form.
 - 5) This form is formatted to be completed electronically - handwritten forms will **NOT** be accepted.
 - 6) The Program of Study presented for fulfillment of degree requirements must be comprised of all graduate work and no more than 50% of the credit hours in any graduate program can be at the 500 level unless otherwise approved by the South Dakota Board of Regents.
 - 7) The deadline to submit this form can be found on the **USD portal**.

Candidate for Degree Information:

Name: _____ Student ID#: _____

Degree: Master's Specialist Doctoral Expected Graduation Date: _____

Major: _____ Specialization: _____

Thesis or Dissertation Title (if applicable): _____

Degrees Presently Held (Bachelor's degree and higher):

Degree Earned: _____ Institution: _____

Degree Earned: _____ Institution: _____

Degree Earned: _____ Institution: _____

Identification of Committee Members (if applicable):

Committee Chairperson, Printed Name

Committee Member

Committee Member

Committee Member

Committee Member

Approval Signatures (signature means approval):

Committee Chairperson Signature

Department Chairperson Signature

Dean of the Graduate School Signature

PROGRAM OF STUDY - COURSEWORK

Master's / Specialist Level

Major Field Coursework - If necessary, please attach additional information in a similar format					
Prefix	Number	Title	Grade	Credit Hours	Institution

Supporting Coursework - If necessary, please attach additional information in a similar format					
Prefix	Number	Title	Grade	Credit Hours	Institution

Total Master's / Specialist Level Credit Hours: _____

PROGRAM OF STUDY - COURSEWORK

Doctoral Level

Major Field Coursework - If necessary, please attach additional information in a similar format

Prefix	Number	Title	Grade	Credit Hours	Institution

Supporting Coursework - If necessary, please attach additional information in a similar format

Prefix	Number	Title	Grade	Credit Hours	Institution

Total Doctoral Level Credit Hours: _____

TOTAL CREDIT HOURS: _____