# 401 Program of Study form

**Office of Academic Affairs**
**Graduate College**
110 Main Building
Illinois Institute of Technology
Chicago, IL 60616

Please type or print. Only one original is required. Approved copies will be mailed to all signatories.

Please type name and return mailing address of student above.

Student ID/ CWID # ☐☐☐ - ☐☐ - ☐☐☐☐

Major/Dept Initials ☐☐☐☐

Total Credits ☐☐☐

Reglr. Admit Date ☐☐ ☐☐
Month Year

Indicate the degree sought. Circle only one :

MS PhD MBA MDS MPA MPW

MST MAS (Professional Master's Degree)

Adviser's Last name,Initial

I. Required Prerequisite Courses :

| Dept . | No. | Cr. | Course Title | Sem-Yr. | Grade |
|---|---|---|---|---|---|
| | | | | | |

II. Master's Degree Transferred to IIT by Title (for non-IIT degress) :

| Degree | Institution | Date |
|---|---|---|
| | | |

III. Additional Completed Courses to be transferred to IIT :

| IIT Dept/No. | Cr. | Course Title | Institution | Date | Grade |
|---|---|---|---|---|---|
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IV. Master's and Doctoral Courses Completed or in Progress at IIT

| Dept.Initials | No. | Cr. | Course Title | Sem-Yr | Grade |
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(Continue under Item V if needed)

Remarks

| Dept.Initials | No. | Cr. | Course Title | |
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| | 5 9 4 | | Special Project and Report | |

| VI. Dept. | No. | Cr. | | |
|---|---|---|---|---|
| | 5 9 1 | | Master's Research and Thesis | |
| | 6 9 1 | | Doctoral Research and Thesis | |

Total Credits in Program ☐ ☐ ☐ ☐ ☐ = ☐
( II + III + IV + V + VI ) Total

Signature Approvals of the Program Above :

A.______________________________
Student Date

B.______________________________
Adviser Date

C.______________________________
Dept.Chmn. Date

D.______________________________
Dean of the Graduate College Date