

ST. CLOUD STATE UNIVERSITY

Application for Program Approval:

Master of Science, Criminal Justice: Administration _____
Master of Science, Criminal Justice: Counseling _____
Master of Science, Criminal Justice: Elective _____

SCSU Student ID _____ Date _____

Name in Full _____ Address _____

Home Phone _____ Business Phone _____ Present Position _____

Address _____

I request transfer of the following courses: **(Official transcripts of all transfer credits which have been completed must be received in the Graduate Office before program can be approved.)**

Dept. and Course No.	Name of College or University	Sem./Qtr.	Hours	Date Grade	Taken
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Check one of the following:

Plan A, Thesis Proposed Thesis Topic or Title _____

Plan C, Portfolio Practicum Location _____

(The area below this broken line should not be filled in by the applicant.)

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I certify that this student is eligible for program approval and that I approve the program outlined in this application.

Major Adviser _____

The program outlined in this application complies with the minimum course requirements set by this University for the Master's degree.

Graduate Dean _____

Student notified: _____

