

**ST. CLOUD STATE UNIVERSITY**

Application for Semester Program Approval:

Master of Science, Child and Family Studies: Early Education \_\_\_\_\_  
Master of Science, Child and Family Studies: Children with Special Needs \_\_\_\_\_  
Master of Science, Child and Family Studies: Family Studies \_\_\_\_\_

Name in Full \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Social Security No. \_\_\_\_\_  
\_\_\_\_\_ Home Phone \_\_\_\_\_  
Present Position \_\_\_\_\_ Business Phone \_\_\_\_\_  
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	Grade	Date Taken
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Check one of the following:

Plan A, Thesis Proposed Thesis Topic or Title \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan B, Starred Papers Starred Papers will be written in conjunction with the following courses:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

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

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: \_\_\_\_\_

