

**ST. CLOUD STATE UNIVERSITY**

Application for Semester Program Approval: **Master of Science: History**

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.	Sem./Qtr. Date	Name of College or University	Hours/credits	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(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.

\_\_\_\_\_  
Signature of Adviser

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

\_\_\_\_\_  
Signature of Graduate Dean

Student notified: \_\_\_\_\_

**Proposed Semester Program of Graduate Study**

**HISTORY:** Master of Science

Plan B \_\_\_\_ (33 cr.)

Dept No.	Name of Course	Instructor	Sem./Yr	Credits	Grade
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**I. Research: Min., 6-9 cr.**

**A. Prescribed**

HIST 610 Historiography & Research Methods	_____	_____	_____	_3_	_____
HIST 605 Reading in History	_____	_____	_____	_3-6_	_____

Total credits in Research \_\_\_\_\_

**II. Elective Courses:** 18-21 cr.in History

Credits to be selected with major advisor. Six credits must be 600-level in in-class seminars.

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total credits in Core \_\_\_\_\_

**III. Professional Education:** 6 cr.

Credits to be selected with approval of the professional education adviser.

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Credits in Electives \_\_\_\_\_

A student completing a Master of Science program will be required to complete a Final Written Examination.

TOTAL CREDITS IN PROGRAM \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**PROGRAM REQUIREMENTS:**

1. Credit limitation on transfer and extension credits (combined) --10 Credits.
2. Credit limitation on Workshop -- Plan B, 7 CR.
3. Required: one-half of the minimum requirements for the entire program must be in 600-level courses.