

Proposed Semester Program of Graduate Study

Plan A _____ Plan B _____

MASTER OF SCIENCE: PHYSICAL EDUCATION

Plan A, 30 Cr., Plan B, 33 Cr.

Dept	No.	Name of Course	Instructor	Sem./Yr	Credits	Mark
I. Research: Min., Plan A, 9 Cr.; Plan B, 3 Cr.						
PESS	601	Research Methods in Physical Education	_____	_____	3	_____
PESS	699	Thesis (Plan A only)	_____	_____	6	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

----- Total credits in Research -----

II. Major: Min., Plan A, 12 Cr.; Plan B, 18 Cr.

Credits in the major are to be selected with the consent of the adviser.

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

----- Total credits in Major -----

III. Professional Education: Min., Plan A or B, 6 Cr.

Credits to be selected with approval of the adviser.

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

----- Total credits in Professional Education -----

IV. Electives: Plan A, 3, Plan B, 6 Cr.

Prescribed:

APSY	678	Introduction to Graduate Statistics	_____	_____	3	_____
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Credits to be selected with approval of the professional education adviser.

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

----- Total credits in Electives -----

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 A, 4 Cr.; Plan B, 7 Cr.
3. Required: one-half of the minimum requirements for the entire program must be completed in 600-level courses.

ST. CLOUD STATE UNIVERSITY

Major: Physical Education

Application for Semester Program Approval: Master of Science Degree

Name _____ Social Security Number: _____ Date _____

Mailing Address _____ Home Telephone _____

_____ Business Telephone _____
City State Zip

Name of Undergraduate College or University _____

Current Position Held _____ School _____

Request transfer of the following courses: **(Official transcripts of all transfer credits which have been completed are required to be in the Graduate Studies Office before program can be approved.)**

Dept. And Course No.	Name of Course Transferred	College or University	Sem./Qtr. Hours	Mark	Date Taken
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Not to be filled in by applicant)

All deficiencies related to this student's admission to graduate study have been removed. I approve the program outlined in this application.

Signature of Adviser

The program outlined in this application complies with the minimum course requirements of the university for the Master of Science degree in this major field.

Signature of Graduate Dean

Student Notified: _____