PRELIMINARY PROGRAM PLAN

Master's Degree
Department of Curriculum & Instruction
New Mexico State University

Complete this form during your first visit with your advisor and submit it for approval to the Department Head (deadline is the end of your first semester of graduate study).

Name: _____ Banner ID: _____

Degree Sought: MA with concentration in: _____
MAT with concentration in: _____
MA + licensure: Elementary
Secondary with teaching field of: _____

A. Undergraduate Deficiencies:			
Course No & Title:	Hours:	Course No & Title:	Hours:

B. Transferred From: (Complete the "Transfer of Credit" form)		
Course No & Title:	University:	Hours:

C. Courses to be Completed			
Course No & Title:	Hours:	Course No & Title:	Hours:

_____Date: _____
Student

_____Date: _____
Advisor

_____Date: _____
Department Head

_____Date:_____
Minor Faculty (if applicable)

_____Date:_____
Minor Faculty (if applicable)