



Plan of Study for the Dual Master's Degree

(Before completing these forms, consult the Graduate School or the Graduate Catalog,
<http://gradschool.missouri.edu/catalog/index>, for a list of approved dual master's programs)

Candidate's name: _____

Mizzou ID number: _____ Legacy student number: _____

First degree: Master of _____

Academic program: _____

Emphasis area (if applicable): _____

Second degree: Master of _____

Academic program: _____

Emphasis area (if applicable): _____

Anticipated graduation date: _____

Indicate which program option will be followed:

One thesis will satisfy the requirements for both degrees

One project will satisfy the requirements for both degrees

A separate thesis will be written for each degree

A separate project will be completed for each degree

Separate comprehensive examinations will be given for each degree

Other combination

List colleges and universities attended and degrees received: _____

Complete the program of study section on the other side of this form, obtain the necessary signatures and send the original to:

Graduate School
 University of Missouri–Columbia
 210 Jesse Hall
 Columbia, MO 65211
 Fax: 573-884-5454
<http://gradschool.missouri.edu>

First degree (please print): _____

A minimum of 18 graduate credit hours, with at least three hours of 8000-level coursework, must be included.

These courses are only applicable to this degree field.

Number	Title	Hours	Grade	Number	Title	Hours	Grade

Total hours first program: _____ 8000-level hours: _____

Second degree (please print): _____

A minimum of 18 graduate credit hours, with at least three hours of 8000-level coursework, must be included.

These courses are only applicable to this degree field.

Number	Title	Hours	Grade	Number	Title	Hours	Grade

Total hours second program: _____ 8000-level hours: _____

Shared coursework (A minimum of 12 hours of 8000-level shared coursework must be included)

Number	Title	Hours	Grade	Number	Title	Hours	Grade

Total shared hours: _____ 8000-level hours: _____

Total hours (first degree, second degree and shared): _____

The program is approved as stated. Subsequent changes must be reported on a Plan of Study Course Substitution Form.

_____ Student's signature	_____ Date	_____ First adviser's signature	_____ Date
_____ Second adviser's signature	_____ Date	_____ First director of graduate studies' signature	_____ Date
_____ Second director of graduate studies' signature	_____ Date	_____ Dean of the graduate school's signature	_____ Date