



## Program of Study for the Dual Master's Degree

This form should be submitted at least one semester before degrees will be earned. Before completing these forms, consult the Graduate School or the University Catalog for a list of approved dual-master's degree programs.

Please note: degrees must be awarded in the same semester

Student name: \_\_\_\_\_ Mizzou ID number: \_\_\_\_\_

---

**First degree:** Master of \_\_\_\_\_

Academic program: \_\_\_\_\_

Emphasis area (if applicable): \_\_\_\_\_

---

**Second degree:** Master of \_\_\_\_\_

Academic program: \_\_\_\_\_

Emphasis area (if applicable): \_\_\_\_\_

---

Anticipated date of graduation: \_\_\_\_\_

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: \_\_\_\_\_

---



---



---



---

FIRST DEGREE: \_\_\_\_\_

(Please print degree field)

(A minimum of 18 graduate credit hours, with at least 3 hours 8000-level coursework, must be included. These courses are only applicable to this degree field.)

Number	Course Title	Hrs	Grd	Number	Course Title	Hrs	Grd

Total hours 1<sup>st</sup> program \_\_\_\_\_ 8000-Level hours \_\_\_\_\_

SECOND DEGREE: \_\_\_\_\_

(Please print degree field)

(A minimum of 18 graduate credit hours, with at least 3 hours 8000-level coursework, must be included. These courses are only applicable to this degree field.)

Number	Course Title	Hrs	Grd	Number	Course Title	Hrs	Grd

Total hours 2<sup>nd</sup> program \_\_\_\_\_ 8000-Level hours \_\_\_\_\_

**SHARED COURSEWORK**

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

Number	Course Title	Hrs	Grd	Number	Course Title	Hrs	Grd

Total shared hours \_\_\_\_\_ 8000-Level hours \_\_\_\_\_

TOTAL HOURS ON PROGRAM OF STUDY: \_\_\_\_\_

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

\_\_\_\_\_  
Student's signature Date

\_\_\_\_\_  
1<sup>st</sup> Adviser's signature (Legible signature required) Date

\_\_\_\_\_  
2<sup>nd</sup> Adviser's signature (Legible signature required) Date

\_\_\_\_\_  
1<sup>st</sup> Dir. of graduate studies signature Date

\_\_\_\_\_  
2<sup>nd</sup> Dir. of graduate studies signature Date

\_\_\_\_\_  
Graduate dean's signature Date