

Date: _____

UCR Graduate School of Education

M.A. PROGRAM ADVISING FORM

Student's Name: _____

Admitted: _____

Quarter: _____

Program Areas: _____ Institutional Leadership & Policy _____ Special Education
_____ Educational Psychology _____ Curriculum & Instruction

Course Number

Course Title:

EDUC	_____
EDUC	_____
EDUC	_____
EDUC	_____
EDUC	_____
EDUC	_____
EDUC	_____
EDUC	_____
EDUC	_____
EDUC	_____
EDUC	_____

Total Units Required: _____

Target date for comprehensive examination: _____

Additional requirements or comments: _____

Signed: _____
Student

Signed: _____
Program Advisor

Signed: _____
Graduate Advisor