

UNIVERSITY OF CALIFORNIA, RIVERSIDE
Graduate School of Education

Program Advising Form for Education M.A., Type A

Student's Name: _____

Degree Program: Education/ _____

Program concentration in Education: _____

Cooperating Department: _____

Required courses in:

EDUCATION		COOPERATING DEPARTMENT	
Course	Units	Course	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Units Required	_____	Total Units Required	_____

M.A. Program Advisor in Education: _____

Cooperating Department: _____

Tentative date for comprehensive examination in Education: _____

Cooperating Department: _____

Signed: _____
Student

Signed: _____
Program Advisor in Education

Signed: _____
Program Advisor in Cooperating Dept.

Signed: _____
Graduate Advisor in Education

Date Filled: _____

Copies: Student, Cooperating Dept. Advisor, Education Advisor, Graduate Advisor

