UNIVERSITY OF ARKANSAS

HESC-MS PROGRAM OF STUDY

Student Name _____ Student ID _____ Student UARK Email _____ Date _____

☐ Master's thesis track ☐ Master's non-thesis track

AREA CONCENTRATION: ☐ AMPD ☐ HDFS ☐ HOSP ☐ NUTR

Research Methods and Statistics *(6 hours required)*				
Course Number	**Course Name**	**Credit Hours**	**Semester/Year**	**Grade**
Concentration Core *(12 hours required)*				
Course Number	**Course Name**	**Credit Hours**	**Semester/Year**	**Grade**
Electives *(thesis track: 6 hours required; non-thesis track: 12 hours required)*				
Course Number	**Course Name**	**Credit Hours**	**Semester/Year**	**Grade**
Thesis *(6 hours required for thesis track only)*				
Course Number	**Course Name**	**Credit Hours**	**Semester/Year**	**Grade**
Comprehensive Exam *(required for non-thesis track only)*			**Semester/Year**	**Pass or Fail**

DEGREE CHECKLIST

Please consult the HESC and Graduate School handbooks to ensure your program of study meets Master's program requirements. Submit this completed form to hescgrad@uark.edu by the end of your first semester in the program. You can submit a revised plan of study, if needed, before you graduate.

☐ 30 credit hours (minimum) of required coursework
☐ CITI training completed and certificate submitted to hescgrad@uark.edu
☐ Minimum cumulative GPA of 2.85 on all graduate coursework

Committee CHAIR _____ Name _____ Signature

Committee _____ Name _____ Signature

Committee _____ Name _____ Signature

Graduate Coordinator _____ Name _____ Signature

School Director _____ Name _____ Signature