PROGRAM OF STUDY

MASTER OF ARTS IN HISTORY -Non Thesis

(Full Name)			(Student Institutional Number)		
(Street Address)			(Telephone)		
(City, State, Zip)			(Date)		
AREA	CREDIT HOURS		EMESTER/YEAR	GRADE	REGISTRAR'S USE
		laster's C	ore	L	L
	(12 \$	Semester 1	Hours)		
HIST 6000 – Historiography	3				
HIST 7 Colloquium in Research Area HIST 7001, 7002, 7003, 7004	3				
Committee Chair approval required					
HIST 7 HIST 7001, 7002, 7003, or 7004	3				
HIST 6 or HIST 7	3				
]	Major Ar	ea		
		Semester 1			
HIST 6	3				
HIST 6	3				
HIST 6	3				
HIST 6	3				
HIST 6	3				
		n Thesis (emester H			•
HIST 7700 – Capstone Seminar in History	3				
Master's Exam	S/U				
TOTAL	30				
TOTAL				<u> </u>	
Student's Signature	Date	Major	Professor		Date
Advisory Committee Member 1	Date	Advisory Committee Member 2			Date

If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.), please contact the history, anthropology, and philosophy department at hap@ung.edu or 706-864-1903.

Registrar

Date

Date

Graduate Program Coordinator