

WOMEN'S STUDIES MA (thesis and non-thesis) PLAN OF STUDY

Name: _____

UFID#: _____

Date: _____

Address: _____

Phone, Email: _____

Type of degree:

Please describe the type of MA you are pursuing by circling the appropriate category on each line:

Thesis

Non-Thesis

Gender, Culture, Society

Women, Science, Development

Supervisory Committee: *Please list name and department/unit of each committee member.*

Chair:

Members:

Additional Information: *Please list any additional information related to your degree plans (e.g., if you are pursuing a minor, please note it here and describe it).*

REQUIREMENTS:

MA students are required to complete a core curriculum of 9 graduate credits (3 courses).* For the MA thesis degree, the remaining credits consist of 15 credits of approved electives and up to 6 credits of WST 6971 MA Research (3 credits must be taken in the final semester), in addition to the successful completion of the MA thesis and oral defense. For the MA non-thesis degree, 21 credits of approved electives as well as completion of project and oral defense are required. No more than 6 credits can be taken as S/U credits. Non-thesis students cannot enroll in WST 6971.

Core Courses (required for both thesis and nonthesis MA):

Course #	Course Name	Semester/Year Credits	Grade
WST 5933	Proseminar in Women's Studies		
WST 6508	Advanced Feminist Theory		
WST 6935			

NOTE: If you have any substitutions for the required courses, please list them below (The current Graduate Coordinator for the Center must sign and date in the margin next to each approved substitution).

Required Course #	Substitute Course #	Substitute Course Name	Semester/Year Credits	Grade
Approval:				
Approval:				

Course #	Course Name	Semester/Year Credits	Grade

Signatures: Please print your name, sign your name and put the current date if you agree with the following statement: *This plan of study has been reviewed and approved.*

Student: _____ Date _____

Committee Chair: _____ Date _____

Graduate Coordinator: _____ Date _____

Center Director: _____ Date _____