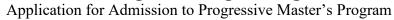
USC Progressive Degree Program





Enter all remaining requirements for the bachelor's degree and all master's degree requirements chosen in consultation with the graduate advisor. This information will be used to create your master's program STARS report if your application is accepted. In addition to the master's courses identified on the course plan, all other requirements for Master's degree completion must be satisfied/waived on the STARS report. Submit this application to the graduate department with supplemental materials as required for admission.

Printed name of student (Last)	(First)	(Middle)
Timed hame of stadem (2000)	(1188)	(Made)
USC ID Number	Email address	Phone Number
Current Major(s)/Minor(s)		USC GPA Units Completed
Proposed Master's Program		Proposed Admit Semester/Year
Department/School		Expected Graduation Semester/Year

Proposed Course Plan

List courses and units to be taken to fulfill all remaining degree requirements on your STARS Report at the time of application. *Exact* courses must be listed for each master's core requirement; electives may be listed as "graduate degree elective". Elective coursework can be decided later by the student with approval from their graduate program advisor.

- Begin with the current semester. If this is a revised course plan, begin with the term in which the first master's course was or will be completed.
- Check "UG" for courses to be taken to fulfill bachelor's requirements; check "GR" for courses to be taken for the master's degree.

 Only ONE box (UG or GR) should be checked for each course.
- The Proposed Course Plan must be agreed upon and approved by the student, and both the Undergraduate and Master's Departments

•	_				
	Dept. Prefix - Course #	UG	GR	Course Title	Units
Semester/Year					
Total Units					
	Dept. Prefix - Course #	UG	GR	Course Title	Units
Semester/Year					
Total Units					
	Dept. Prefix - Course #	UG	GR	Course Title	Units
Semester/Year					
Total Units					

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Proposed Course Plan Continued...

	Dept. Prefix - Course #	UG	GR	Course Title	Units
Semester/Year					
Total Units					
	Dept. Prefix - Course #	UG	GR	Course Title	Units
Semester/Year					
Total Units					
	Dept. Prefix - Course #	UG	GR	Course Title	Units
Semester/Year					
Total Units					
I					
	1 0	11	•	ram; only the impacted degree program signatures and student signatures b	1
		To b	e com	pleted by the Undergraduate Program	
undergraduate co	ourse sequencing listed on th	nis cou	rse pla	ı is:	
Recommended				☐ Not Recommended	
teeommenaea				<u> </u>	
jor Department/Sc	hool			Date	
·					
lergraduate Acade	emic Advisor's Signature			Printed Name	
	, and the second				
ındergraduate coi	urse sequencing for a second	l majo	r listea	on this course plan is (if applicable):	
Recommended				☐ Not Recommended	
: D 1/C	h1			D.:	
or Department/Sc	hool			Date	
or Department/Sc	hool			Date Printed Name	

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To be completed by the Master's Program								
First College Term (Sem/Yr):	Master's Program Post code:							
Total units <i>required</i> for the master's program:	Minimum progressive degree units required for graduation:							
Semester/Year in which 144 total units will be completed:	Total semesters of registration after completion of 144 units:							
Semester and Year of Progressive Degree Completion:	2/3 500-level requirement is met based on proposed plan: Yes No							
The Proposed Course Plan has been agreed upon and approved by the	Master's Departments.							
Master's Program Academic Advisor's Signature Printed	Name Date							
 I have reviewed the semester/year in which 144 total units wil I understand that I will transition to graduate student status (in following occurs: a. I complete 144 total units b. My first bachelor's degree is conferred c. I receive a research or teaching assistant award I will be subject to undergraduate academic progress standard graduate status. My degrees may be awarded in the same semester, but my ma The time limit for completing a progressive degree program is including any semesters of non-enrollment*. I may complete only one master's degree as part of the progre (For F-1 or J-1 international students) I have conferred with the additional time is needed to complete the master's portion of reconstruction of the 2019 expires. Upon admission, I will make certain my undergraduate expects* *Transfer students whose transfer coursework extends beyond this time master's program.	s while in undergraduate status and master's academic progress standards while in ster's degree cannot be awarded before the undergraduate degree. In 12 semesters (6 years) beginning from the first term of any college enrollment, service degree program. In Office of International Services regarding my immigration status. I understand that if my program, I must apply for a Program Extension before my current Form I-20 or DS-							
Student Signature:	Date:							
To be complet	ed by the Master's Program							
Based on the Proposed Course Plan and additional documentation, to	ne student is:							
☐ Recommended for Admission	☐ Not Recommended for Admission							
Master's Program Admissions Department Signature Printed	Name Date							
The department liaison should process the ap sending electronic copies of all supportin	oproved Application in SIS by adding the PoST code and ng documents to ESD ImageViewer.							
Department Liaison SIS Initials Code:								

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Date PoST Added in SIS

Date documentation shared to ESD/Image Viewer

USC Progressive Degree Program Recommendation Form



Instructions for student: Fill in the top portion of this form and present it to your recommender.

 ${\it Instructions for faculty:} \ \ {\it Return this form to the department coordinator listed below}.$

Department coordinator for application		Co	oordinator's email	address
		(Please type or print)		
Printed name of student (Last)		(First)		(Middle)
2.111.000 1101110 01.0000000 (2.000)		(1 110)		(1.1144.5)
Department to which you are applying		Er	nail address	
☐ I waive my right to inspect the conto	ents of the following reco	mmendation.		
☐ I do NOT waive my right to inspect	the contents of the follow	ving recommendation.		
Student Signature:			Date:	
Recommender Section: Please write ca	andidly about the student	s qualifications and potential to	pursue advanced s	study in the field specified.
Admission to Progressive Degree Progr	am is:			
☐ Strongly recommended	☐ Recommended	☐ Recommended with	reservations	☐ Not recommended
Signature		Printed Name		Date



USC Progressive Degree Program Recommendation Form

Instructions for student: Fill in the top portion of this form and present it to your recommender.								
Instructions for faculty: Return this form to the department coordinator listed below.								
Department coordinator for application			Coordinator's emai	il address				
		(Please type or print)						
Printed name of student (Last)		(First)		(Middle)				
Department to which you are applying			Email address					
☐ I waive my right to inspect the contents of t	he following reco	mmendation.						
☐ I do NOT waive my right to inspect the con	tents of the follow	ving recommendation.						
Student Signature:			Date:					
Recommender Section: Please write candidly	about the student'	s qualifications and potent	tial to pursue advanced	study in the field specified.				
Admission to Progressive Degree Program is:								
☐ Strongly recommended ☐ Rec	commended	☐ Recommended	with reservations	☐ Not recommended				
Signature		Printed Name		Date				