

Master's Degree Approval Form

Cohorts 2015 to present

Student Name: _____ Graduation term: _____

I. Coursework

	Course #	Course Substitution / Waiver
Three-course core group		
<input type="checkbox"/>	SOCY 201	
<input type="checkbox"/>	SOCY 202	
<input type="checkbox"/>	SOCY 203	
Methods course: Socy 204		
<input type="checkbox"/>	SOCY 204	
Methods course: choose one from SOCY 205, 206, 209, 241, 242, Psy 248, 268A, or 282		
<input type="checkbox"/>		
Two of three area foundation courses		
<input type="checkbox"/>	SOCY 220	
<input type="checkbox"/>	SOCY 240	
<input type="checkbox"/>	SOCY 260	
Three elective seminars excluding SOCY 250, 293 One may be from outside Socy		
<input type="checkbox"/>	SOCY	
<input type="checkbox"/>	SOCY	
<input type="checkbox"/>		

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II. Master's Paper

Email a copy of the final, approved paper to soeyga@ucsc.edu

Title of Paper: _____

Reader 1: _____

Name

Signature

Date

Reader 2: _____

Name

Signature

Date