

UNIVERSITY OF FLORIDA GRADUATE SCHOOL NONTRADITIONAL DOCTORAL/MASTER'S DEGREE PROGRAM FORM 1

This form is used to initiate and request approval for a program of study for a doctoral student who seeks to simultaneously complete a doctoral degree and a master's degree in a major outside of the student's doctoral department.

The doctoral student must first be formally admitted to the master's degree program before submitting these forms. Admission must be completed via an application through the Office of Admissions at https://admissions.ufl.edu/apply/graduate/.

Forms will be returned unprocessed. Name of person preparing form		npus Mailing Address	Campus T	elenho	one	Campus E-Ma	1	
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Student Campus Mailing Address		Student ⁻	Telephone Telephone			Student E-Mail		
POB								
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	Doctoral Program			Master's Degree Program				
College		<u> </u>						
Department								
Major								
Degree								
Concentration								
Identify the term this specia	l program of	study goes into effect:						
Thesis Option for Master's [Degree Progr	am						
Student Signatu	ıre	Doctoral Prog	ram Signatures		Grad	luate Program Signatu	res	
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Approval of a program of study for a nontraditional doctoral/master's degree program does not constitute certification of those degrees for graduation.



Master's Degree Department Representative Signature

UNIVERSITY OF FLORIDA GRADUATE SCHOOL NONTRADITIONAL DOCTORAL/MASTER'S DEGREE PROGRAM FORM 2

All courses listed on this form will be counted towards the student's anticipated master's degree program. Up to nine credits from the doctoral degree program may be counted toward the master's degree program. It is the responsibility of the student and the academic unit to review this program of study one semester before the student's graduating term. The UF Graduate School and both departments (doctoral and master's) must be notified of any discrepancies between this program of study and the coursework actually taken. If there are discrepancies, accurate and updated forms must be submitted to the UF Graduate School before the midpoint deadline (published in the graduate catalog) for the term in which the student is applying for graduation.

Name of person preparing for	m Camp	ous Mailing Address	Campus Telepi	Campus Telephone		Campus E-Mail		
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	•	MASTER'S DEGREE P	PACE AM OF STUDY		1			
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Student UFID	Stu	ident Last Name Student First N		ame Student Middle Name				
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College		Department		Major				
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linimum total number of cred	its required t	for this master's degree	9					
DOCTORAL DEGREE (COURSE WO	RK TO BE COUNTED T	OWARDS MASTER'S	DEGREE (I	NINE CREE	DITS MAXIN	IUM)	
Course Prefix and Number		Course Title		Credits	Grade Term/Year Taken			
tudent Signature		Date	Master's Degree Commit	toe Chair Sia	naturo		Da	

Submit completed forms via webform at https://uf.tfaforms.net/f/graduate-school-petition.

Master's Degree College Representative Signature

Date

Date