**STUDENT INFORMATION**

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| **Student’s Name:** | **NAU ID:** |
| **E-mail Address:**      @nau.edu | **Phone Number:** |
| **Enrollment Term:**       (ex. Fall 2016) | **Expected Graduation:**       (ex. Spring 2018) |
| **Advisor:** | |
| **Total Required Credits for this Degree Program:** **18** | |
| **This is the:**  **Initial** (upon admission)  **Final** (submitted with Graduation Application) **Program of Study** | |

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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P\*\*** |
| 1. **Concentration Area (18 units required):** Select ONE option below. | | | | | | | | |
| **A. Conservation Management and Planning Concentration** | | | | | | | | |
| **i. Select from the following (9 units required):** ENV595, FOR580, FOR633, or (ENV540 and ENV540L) | | | | | | | | |
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| **ii. Select from the following (7 units required):** BIO 698, FOR 504, FOR 506, POS 659, or POS 683 | | | | | | | | |
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| **iii. Practicum (2 units required):** | | | | | | | | |
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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P\*\*** |
| **B. Field Research, Habitat Restoration, and Endangered Species Recovery Concentration** | | | | | | | | |
| **i. Select from the following (9 units required):** BIO580 (ENV540 and ENV540L) | | | | | | | | |
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| **ii. Select from the following (7 units required):** BIO 525, BIO 526, BIO 527, BIO528, BIO 570, BIO 571, BIO 698, ENV544,  FOR 504, FOR 593, or MAT 542. | | | | | | | | |
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| **iii. Practicum (2 units required):** | | | | | | | | |
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**ADDITIONAL INFORMATION**

In addition to all University and Graduate College policies, procedures, and requirements, graduate students must also adhere to the academic requirements, policies, procedures, and criteria outlined by their program’s Graduate Student Handbook.

**Students:**

You must secure official approval by your advisor and Department Chair/Director before submitting the final Program of Study.

By signing or entering your name below, you agree to the following statement:

*“Students are responsible for complete knowledge of Academic Catalog requirements in their degree plan for their catalog year and adhering to all policies in the Academic Catalog.”*

**Advisors and Chairs/Directors:**

Please indicate approval of the curriculum on the Program of Study by placing your signature (electronic signatures are permitted) in the space provided.

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| **Student:** | **Date:** |
| **Advisor:** | **Date:** |
| **Chair** (required for Final)**:** | **Date:** |

**\*\*Transfer/Equivalent/Previous Graduate Degree** – Must have Advisor approval

Transfer T = Course transferred from another university

Previous Graduate Degree P = Course taken at NAU from previous graduate degree

Equivalent E = Course taken at NAU in place of required course

Internal Transfer I = Graduate level course taken as undergraduate; Not applied to undergraduate degree