**STUDENT INFORMATION**

|  |  |
| --- | --- |
| **Name:**       | **NAU ID:**        |
| **NAU E-mail Address:**        | **Phone Number:**       |
| **Term of Admission:**         | **Expected Graduation Term/Year:**        |
| **Advisor:**       | **Required Credits for Degree Program: 33** |

I. **Required Courses (6 units required)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| FOR 505 | Forestry Seminar Series |       |       |       |       |       |       |
| FOR 692 | Proseminar I |       |       |       |       |       |       |
| FOR 689 | Professional Paper |       |       |       |       |       |       |

**II. Statistics Course (3 units required):** Select either STA 570 or one 3-unit graduate course with significant content in statistics

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
|       |       |       |       |       |       |       |       |

**III. Core Courses (8-9 units required):** Choose at least **ONE course from each of the following areas**. Additionally, you can use FOR 506, FOR 695, as well as special topics courses offered by the School of Forestry (or other departments), in any of these concentrations, with approval by your faculty advisor.

* **Ecosystem Science (3 units required):** FOR 500, FOR 504, FOR 515, FOR 520, FOR 544, FOR 545, FOR 550, FOR 551, FOR 552, FOR 553, FOR 554, FOR 560, FOR 563, FOR 580, FOR 582, FOR 604.
* **Forest Management Sciences (3 units required):** FOR 500, FOR 525, FOR 542, FOR 545, FOR 551, FOR 565, FOR 573, FOR 590, FOR 593, or FOR 633.
* **Forest Social Science (3 units required):** FOR 515, FOR 573, FOR 605, POS 658, or POS 659.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

**IV. Electives (15-16 units required):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

**ADDITIONAL INFORMATION**

This Program of Study documents your progress on your academic requirements for the degree and catalog year listed above. For Department of Defense-related requirements, it serves as the evaluated and approved educational plan.

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 (formal digital signatures are permitted) in the space provided.

|  |  |
| --- | --- |
| **Student:**       | **Date:**       |
| **Advisor:**       | **Date:**       |
| **Chair:**       | **Date:**       |

**\*\*Transfer/Previous Graduate Degree/Internal Transfer/Accelerated (T/P/I/A)** – Must have Advisor approval

Transfer T = Course transferred from another university

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

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

Accelerated Program “Dual-use” A = Courses completed during the undergraduate career and used to satisfy both the Bachelors and Master’s degree requirements. ONLY for designated Accelerated students.