

**DEPARTMENT OF THE HISTORY OF SCIENCE**  
**Science Center 235**

**M.A. Degree Program**

**PLAN OF STUDY**

(To be filed in the Department office by October 1)

NAME \_\_\_\_\_ Date \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADVISOR \_\_\_\_\_

Courses to be taken in fulfillment of the M.A. degree

Course Number	Title	Term & Year
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

To be filled out by Department:

Language Examination passed: French \_\_\_ or German \_\_\_ Date \_\_\_\_\_

Essay submitted: Date \_\_\_\_\_ Reader \_\_\_\_\_

Approved by Reader on \_\_\_\_\_

Degree awarded: Date \_\_\_\_\_