

GRADUATE APPROVED PROGRAM

Master of <u> Science </u> Major <u> Recreation </u> Concentration or Emphasis (if applicable) _____

Student: Select the correct *University Bulletin* year for the requirements listed below : _____

Name: _____ Student ID: _____
 Address: _____ Phone(s): _____
 City/State/Zip: _____ E-mail: _____

ALL REQUIREMENTS MUST BE COMPLETED WITHIN 7 YEARS FROM THE START OF THE TERM OF THE EARLIEST COURSE LISTED BELOW

Student: Fill out the following information completely (including the semester each course was or will be taken).							
Course No.	Course Title	Units Required	Units (to be) completed	Semester	Institution (if transfer)*	Grade	In Progress Or To Do
REC 700	Orientation & Professional Development	1					
REC 720	Developing Collaborative Leaders in Leisure Services	3					
REC 730	Foundations of Leisure	3					
REC 810	Research Methods in Recreation and Leisure Services	3					
REC 850	Human Resources Development in Leisure Studies	3					
REC 862	Management of Leisure Services	3					
REC 880	Trends and Issues in Leisure Services	3					
Courses in area of specialization, on advisement:		12					
One of the following culminating experience options:		3					
REC 898	Master's Thesis <i>and</i> Oral Defense -OR-						
Written Comprehensive Exam and upper division/graduate Recreation courses on advisement (list below):							
Total Units		34					

***NOTE:** For transfer work, a Request for Graduate Program Transfer Unit Evaluation must be submitted.

AND EITHER:

- Report of Completion for Oral Defense of Thesis and Thesis Receipt -OR-
 Report of Completion for Master's Written Comprehensive Exam

GRADUATE MAJOR ADVISER: Please check off below the manner by which this student <i>has or will have satisfied</i> Second Level written English proficiency in your graduate program, i.e. ability to write in a scholarly manner in the major field.	
<input type="checkbox"/> Course No. _____	<input type="checkbox"/> Written proposal for Culminating Experience
<input type="checkbox"/> Written Component of Culminating Experience	<input type="checkbox"/> Other, specify _____

GRADUATE ADVISER (Required): _____
Type/Print last name Signature Date

SCHOOL GRADUATE COMMITTEE (Required): _____
Type/Print last name Signature Date

Approved Not Approved _____
Dean of Graduate Studies or Designee Date

Note: Upon approval of the GAP, read graduate Academic Policies and Procedures section in the *Bulletin* regarding conditions for maintaining its validity.