

GRADUATE APPROVED PROGRAM

Master of Arts Major Geography
 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 (for transfer units only)*	Grade	In Progress Or To Do
+GEOG 705 OR GEOG 602		3-4					
+GEOG 801	Scope and Method in Geography	3					
+GEOG 810	Seminar in Physical Geography	3					
+GEOG 820	Seminar in Cultural Geography	3					
†Select from the following graduate seminars: GEOG 815, 825, 832, 850, 858 (list below)		6-12					
†Graduate seminars or upper division courses on advisement (list below)		3-9					
One of the following Culminating Experience Options:		3					
GEOG 895	Research Project <i>and</i> Master's Comprehensive Oral Examination <i>or</i>						
GEOG 898	Master's Thesis <i>and</i> Oral Defense						
	Total Units	30 minimum					

*NOTE: For transfer work, a Request for Graduate Program Transfer Unit Evaluation must be submitted.
 †NOTE: All courses used on the GAP must be completed with a grade of "B-" or better except 895 and 898

ALSO REQUIRED

Report of Completion for: 895 **AND** Master's Oral Comprehensive Exam **OR**
 Thesis Receipt **AND** Report of Completion for Oral Defense

All Students must submit an Application for Award of Graduate Degree by the posted deadline of the semester of graduation.

GRADUATE MAJOR ADVISER: Please check off below the manner by which this student *has or will have satisfied* Second Level written English proficiency in your graduate program, i.e. ability to write in a scholarly manner in the major field.

Course No. _____ Written proposal for Culminating Experience
 Written Component of Culminating Experience Other, specify _____

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

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

Approved Not Approved _____
Dean of the Graduate Division 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.