

COLLEGE of EDUCATION

University of Massachusetts Amherst

Form M-2 MASTER OF EDUCATION COMPLETED PROGRAM OF STUDY

Please type – handwritten forms will not be accepted

This form must be signed by the faculty member assigned as your advisor and submitted with the typed M.Ed. Degree Eligibility Form to the Office of Academic Affairs (Room W114, Furcolo Hall) by the posted College of Education deadline. Courses listed on Form M2 must exactly match the Transcript and Degree Eligibility Form.

_____ **Student's Name** _____ **Spire ID Number**

_____ **Local/Cell Phone Number** _____ **Email Address**

Advisor: _____ **Concentration:** _____

Department & Course #	Course Title	Semester & Year	Credits	Grade
TOTAL CREDITS				

NOTE: If you are in a licensure program of study, you must check with your **Academic Advisor** to ensure that all requirements have been completed to meet licensure.

Student's Signature: _____ **Date:** _____

Advisor's Signature: _____ **Date:** _____

Graduate Program Director's Signature: _____ **Date:** _____