

DEPARTMENT OF ENGLISH MFA PROGRAM

STUDENT'S NAME:	STUDENT'S L- NUMBER:	
ADDRESS:	PHONE (DAY):	PHONE (EVENING):
E-MAIL ADDRESS:		PHONE (CELL):

PLEASE COMPLETE OR CIRCLE THE APPROPRIATE INFORMATION BELOW AS APPLICABLE

ENG: 739 749 790 794 796 Section _____	# OF CREDITS:
Fall 20_____	Spring 20_____
Summer II 20_____	Summer III 20_____

COURSE TITLE:

STATEMENT OF PROGRAM: Include a description of proposed project and area of study (list or attach bibliography or significant primary and secondary sources), and statement of how the student's progress is to be evaluated (oral or written exam, papers, etc.):

SIGNATURES AND APPROVALS:

STUDENT:	COMMITTEE CHAIR:
	MFA DIRECTOR:
INSTRUCTOR:	GRADUATE COORDINATOR: