

# School of Family, Consumer, and Nutrition Sciences

## Master of Science in Applied Family and Child Studies

### Plan of Study

### Catalog Year 2009 – 2010

Name \_\_\_\_\_ ID \_\_\_\_\_ Date \_\_\_\_\_

Thesis Program: \_\_\_\_\_ Non-Thesis Program: \_\_\_\_\_ Certificate in Eating Disorders and Obesity (EDOC): Yes \_\_\_\_\_ No \_\_\_\_\_

**DEFICIENCIES** (completed with grade of B or better):

	Semester/Year to be taken	Completed (Advisor initial)
<input type="checkbox"/> FCNS 284	_____	_____
<input type="checkbox"/> FCNS 230 or 280	_____	_____
<input type="checkbox"/> FCNS 432 or 484	_____	_____

**REQUIRED COURSES:**

- ETR 521 (3), OR \_\_\_\_\_
- ETR 522 (3) \_\_\_\_\_
- BIOS 670 (3) \_\_\_\_\_
- PSYC 604 (3) \_\_\_\_\_
- FCNS 601 (3) \_\_\_\_\_
- FCNS 604 (3) \_\_\_\_\_

Course work from the following (3-12)

- FCNS 631 \_\_\_\_\_
- FCNS 632 \_\_\_\_\_
- FCNS 638 \_\_\_\_\_
- FCNS 699A (6), OR \_\_\_\_\_
- FCNS 710 (3) \_\_\_\_\_
- Course on social Science:  
research methodology, or statistics \_\_\_\_\_

Three or four FCNS electives including at least one 600/700-level course (9-12).

Two (2) additional courses with approval of Advisor:

\_\_\_\_\_

	Semester/Year to be taken	Completed (Advisor initial)
<input type="checkbox"/> FCNS 532 (3)	_____	_____
<input type="checkbox"/> FCNS 534 (3)	_____	_____
<input type="checkbox"/> FCNS 537 (3)	_____	_____
<input type="checkbox"/> FCNS 538 (3)	_____	_____
<input type="checkbox"/> FCNS 539 (3)	_____	_____
<input type="checkbox"/> FCNS 545 (3)	_____	_____
<input type="checkbox"/> FCNS 584 (3)	_____	_____
<input type="checkbox"/> FCNS 586 (3)	_____	_____
<input type="checkbox"/> FCNS 588 (3)	_____	_____
<input type="checkbox"/> FCNS 589B (3)*	_____	_____
<input type="checkbox"/> FCNS 589C (3)*	_____	_____
<input type="checkbox"/> FCNS 589D (3)*	_____	_____
<input type="checkbox"/> FCNS 634 (3)	_____	_____
<input type="checkbox"/> FCNS 637 (3)	_____	_____
<input type="checkbox"/> FCNS 684 (3)	_____	_____
<input type="checkbox"/> FCNS 685 (3)	_____	_____
<input type="checkbox"/> FCNS 689 (3)	_____	_____
<input type="checkbox"/> FCNS 784 (3)	_____	_____

\* Catalog allows only one of these marked with \*. Up to 2 more of these may be written in as "Additional courses with approval of advisor."

**TRANSFER CREDIT** (Requires Separate Approval Process):

Course Number and Title	Semester Hours	Institution
_____		
_____		
_____		

\_\_\_\_\_  
Student Signature

**Departmental Approval:**

_____ Advisor	_____ Date
_____ FCNS Chair/Grad. Faculty Chair	_____ Date