

School of Family, Consumer, and Nutrition Sciences
Master of Science in Family and Consumer Sciences
with a Specialization in Apparel Studies

Plan of Study
Catalog Year 2009 – 2010

Name _____ ID _____ Date _____

Thesis Program: _____ Certificate in Eating Disorders and Obesity (EDOC): Yes _____ No _____

DEFICIENCIES: Min. of 9 semester hours of undergraduate course in textiles and apparel related curriculum. Three of 9 hours must be at the upper-division level. All deficiency courses must be complete with a grade of B or better.

	Semester/year to be taken	Completed (Advisor initial)
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

REQUIRED COURSES:

Semester/year	Completed to be taken	(Advisor initial)
<input type="checkbox"/> ETR 521 (3), OR	_____	_____
<input type="checkbox"/> ETR 522 (3)	_____	_____
<input type="checkbox"/> FCNS 604 (3)	_____	_____
<input type="checkbox"/> FCNS 699A (6)	_____	_____

One from the following (3):

	Semester/year to be taken	Completed (Advisor initial)
<input type="checkbox"/> FCNS 600E	_____	_____
<input type="checkbox"/> FCNS 620	_____	_____

Additional courses with the approval of the advisor (6):

<input type="checkbox"/> FCNS _____	_____	_____
<input type="checkbox"/> FCNS _____	_____	_____
<input type="checkbox"/> FCNS _____	_____	_____

Three from the following (9):

<input type="checkbox"/> FCNS 566	_____	_____
<input type="checkbox"/> FCNS 568	_____	_____
<input type="checkbox"/> FCNS 602	_____	_____
<input type="checkbox"/> FCNS 650*	_____	_____
<input type="checkbox"/> FCNS 664	_____	_____
<input type="checkbox"/> FCNS 674	_____	_____
<input type="checkbox"/> FCNS 701*	_____	_____
<input type="checkbox"/> FCNS 710	_____	_____

*Appropriate content to Apparel Studies

**Requires the 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