

School of Family, Consumer, and Nutrition Sciences
Master of Science in Applied Family and Child Studies
with a Specialization in Marriage and Family Therapy
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:

<input type="checkbox"/> ETR 521 (3), OR	_____	_____
<input type="checkbox"/> ETR 522 (3)	_____	_____
<input type="checkbox"/> BIOS 670 (3)	_____	_____
<input type="checkbox"/> PSYC 604 (3)	_____	_____
<input type="checkbox"/> FCNS 601 (3)	_____	_____
<input type="checkbox"/> FCNS 604 (3)	_____	_____
<input type="checkbox"/> FCNS 633 (9)	SU 2010 FA 2010 SP 2011	_____ _____ _____
<input type="checkbox"/> FCNS 639 (12)	FA 2009 SP 2010 SU 2010 FA 2010 SP 2011	_____ _____ _____ _____ _____
<input type="checkbox"/> FCNS 691 (3)	FA 2009	_____
<input type="checkbox"/> FCNS 692 (3)	SU 2010	_____
<input type="checkbox"/> FCNS 693 (3)	SP 2011	_____
<input type="checkbox"/> FCNS 694 (3)	SP 2010	_____
<input type="checkbox"/> FCNS 695 (3)	SP 2010	_____
<input type="checkbox"/> FCNS 697(3)	FA 2010	_____
<input type="checkbox"/> FCNS 784 (3)	FA2009	_____

Two of the following:

	Semester/year to be taken	Completed (Advisor initial)
<input type="checkbox"/> FCNS 538	_____	_____
<input type="checkbox"/> FCNS 584	_____	_____
<input type="checkbox"/> FCNS 586	_____	_____
<input type="checkbox"/> FCNS 588	_____	_____
<input type="checkbox"/> FCNS 589C	_____	_____
<input type="checkbox"/> FCNS 589D	_____	_____
<input type="checkbox"/> FCNS 637*	_____	_____
<input type="checkbox"/> FCNS 684**	_____	_____
<input type="checkbox"/> FCNS 685	_____	_____
<input type="checkbox"/> FCNS 689	_____	_____

* Odd Years
 ** Even Years

TRANSFER CREDIT (Requires Separate Approval Process):

Course Number and Title	Semester Hours	Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Signature _____

APPROVED: _____
 Advisor

FCNS Chair/Grad. Faculty Chair _____