

PORTLAND STATE UNIVERSITY
Master of URBAN STUDIES
PROGRAM PROPOSAL

Student Name: _____
 Student ID: _____
 Date of Admission: _____
 Area of Specialization: _____
 Today's Date: _____

Course work transferred from other institutions _____ hours.
 Course work completed at PSU prior to admission _____ hours.
 Total course work completed toward degree _____ hours.

<u>Required Core Courses (21 credits)</u>	<u>Credits</u>	<u>Grade</u>	<u>Term/Year</u>	<u>Instructor</u>
USP 613 Urban Economic and Spatial Structure	3	_____	_____	_____
USP 614 History and Theory of Urban Studies	3	_____	_____	_____
USP 617 Sociology and Politics of Urban Life	3	_____	_____	_____
USP 630 Research Design	4	_____	_____	_____
USP 634 Data Analysis	4	_____	_____	_____
USP 683 Qualitative Analysis	4	_____	_____	_____

<u>First Field Area (25 credits)</u>	<u>Title</u>	<u>Credits</u>	<u>Grade</u>	<u>Term/Year</u>	<u>Instructor</u>
<u>Course # & Course Title</u>					
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____

<u>Supporting Courses and Electives</u>	<u>Credits</u>	<u>Grade</u>	<u>Term/Year</u>	<u>Instructor</u>
<u>Course # & Course Title</u>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WAIVERS

I. Required courses waived because of previous academic work:

Course # & Course Title

Signature of Instructor

_____	_____
_____	_____
_____	_____
_____	_____

II. Courses waived in recognition of professional experience:

1. Course # & Course Title: _____

Reason waiver requested:

Approved: _____

Advisor/Instructor

Date

2. Course # & Course Title: _____

Reason waiver requested:

Approved: _____

Advisor/Instructor

Date

III. Courses Completed prior to admission to PSU for which advanced standing has been awarded:

Course # & Course Title

Grade

Term

Year

Institution

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Approvals

Student Signature: _____

Date: _____

Committee Members

Chairperson

Signature

Date

Committee Member

Signature

Date

Committee Member

Signature

Date

Committee Member

Signature

Date

Program Coordinator

Signature

Date