

**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.

<b><u>Required Core Courses (21 credits)</u></b>	<b><u>Credits</u></b>	<b><u>Grade</u></b>	<b><u>Term/Year</u></b>	<b><u>Instructor</u></b>
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	_____	_____	_____

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

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



**Approvals**

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

Date: \_\_\_\_\_

**Committee Members**

\_\_\_\_\_  
Chairperson                      Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Member              Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Member              Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Member              Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator            Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date