**SAVANNAH STATE UNIVERISTY  
GRADUATE PROGRAM OF STUDY**

**MASTER OF URBAN STUDIES AND PLANNING DEGREE**

Students should be aware that the length of time to degree completion will depend upon their willingness to adhere to the plan and the guidance of their advisors. Failure to do so may delay graduation through no fault of the program.

|  |  |
| --- | --- |
| Student Name: | Student ID: |
| Mailing Address: | Telephone: |
| Local Address: | Email: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COURSE NUMBER** | **COURSE TITLE**  **Core Requirements – 21 Semester Hours** | **CREDIT** | **SEMESTER/YR COMPLETED** | **GRADE** |
| MSUS 8810 | History of American Urbanization | 3 |  |  |
| MSUS 8820 | Methods for Urban Research | 3 |  |  |
| MSUS 8821 | Statistical Methods for Urban Analysis | 3 |  |  |
| MSUS 8830 | Introduction to Planning | 3 |  |  |
| MSUS 8840 | Computer Applications for Urban Information Systems | 3 |  |  |
| MSUS 8850 | Public Finance and Economics | 3 |  |  |
| MSUS 8864 | Systems and Processes of Policy Development | 3 |  |  |
| MSUS 8875 | Field Paper | 6 |  |  |
| MSUS 8880 | Master Thesis | 6 |  |  |
|  | Elective 1 | 3 |  |  |
|  | Elective 2 | 3 |  |  |
|  | Elective 3 | 3 |  |  |
| DATE: | ORAL COMPREHENSIVE EXAMINATION DEFENSE |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MSUSP Advisor Date Department Chair Date**

**Note to Advisor: Please update al information below at each semester’s advisement session.**

Advisement Meeting (both the student and the advisor should sign and date below)

**Date** **Student** **Advisor**

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_