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|  | PROPOSAL TO ESTABLISH A MASTER’S IN PASSING (MIP)WHEN THE MASTER’S DEGREE EXISTS AS A STANDALONE DEGREEARIZONA STATE UNIVERSITYGRADUATE COLLEGE |  |

This form should be used to submit Master’s in Passing proposals **only** when the master’s degree to be awarded exists as an Arizona Board of Regents (ABOR) approved standalone degree. For each MIP under a Ph.D. program, a separate form must be completed. The proposal template should be completed in full and submitted to the Graduate Program Services office in the Graduate College [mailto: curriculumplanning@asu.edu].

**Requirements and processes for the awarding of the Master’s in Passing:**

1. Only students who are in good standing in the doctoral program indicated below are eligible to apply for this master’s degree in passing (MIP).
2. Before students can apply for the awarding of the MIP students must:
	1. have an approved plan of study for the corresponding Ph.D. program
	2. meet the requirements of the MIP outlined in this proposal.
3. Student must apply for the Master’s in Passing (MIP) using the Graduate College form and process.
4. Student must apply for graduation for the master’s in passing to be awarded.

**Please complete the following form to propose this MIP**

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| Academic Unit Proposing The MIP | Contact Name (First & Last) | Contact Phone Number |
|       |       |       |
| Full Name of the Ph.D. Program Under Which the Proposed MIP will be Established | Plan Code for the Ph.D. Program (list applicable plan codes) |
|       |       |
| The Master’s Degree and Major to be Awarded (e.g. M.A. in English) | Plan Code for the Existing Master’s Degree and Major (list applicable plan codes) |
|       |       |
| Total Minimum Credit Hour Requirement for the Master’s Degree Listed Above |
|       |
| Foreign Language Curriculum Requirement (if applicable)  |
|       |
| Other Requirements such as electives, internships, etc., not normally required for the corresponding Ph.D. program. |
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| Please describe the culminating experience for the MIP such as thesis, applied project, capstone course or comprehensive exam. Please enter course number and name if there is a capstone course (cannot be an omnibus number course). Also indicate if this course has been submitted for approvals |
|       |
| Is a comprehensive exam required for the awarding of the MIP in addition to some other type of culminating experience identified above? Please complete this section only if this is an additional requirement. |
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| **UNIT APPROVALS:** |
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| Name of Ph.D. Program Director (please print or type name) |
|       |
| Signature of Ph.D. Program Director  | Date |
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| Name of Academic Unit Head (please print or type name) |
|       |
| Signature of Academic Unit Head  | Date |
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| Name of College Dean (please print or type name) |
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| Signature of College Dean  | Date |
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| Graduate Program Services in the Graduate College will submit the proposal to the Dean of the Graduate College for the final approval signature.  |
| **GRADUATE COLLEGE APPROVAL:** |
| Dean, Graduate College |
|       |
| Signature | Date |
|  |  |

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