

(To be submitted after completion of at least six (6), but not more than twelve (12) credit hours.)

NAME _____ STUDENT NO. _____
 (Last) (First) (M.I.)

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

**NOTE: A MINIMUM OF 15 HOURS OF GRADUATE WORK MUST BE COMPLETED IN 600-700 LEVEL COURSES.
 MINIMUM PROGRAM REQUIREMENT: 36 HRS.**

REQUIRED COURSES (9 Hrs.)	Sem. Hrs	Grade	Anticipated Completion Date
CRJ 501 Theor. Perspectives in Criminal Justice (3)			
CRJ 504 Research Methods in Criminal Justice (3)			
CRJ 603 Administration of Justice (3)			

CRJ ELECTIVES (15-27 Hrs.)	Sem. Hrs	Grade	Anticipated Completion Date
CRJ 508 History of CJ (3)			
CRJ 590 Independent Study (3)			
CRJ 601 Correctional Strategies (3)			
CRJ 602 Org. Behav. & Mgmt (3)			
CRJ 604 Criminal Courts (3)			
CRJ 605 Law & Social Control (3)			
CRJ 606 Law Enforcement Issues (3)			
CRJ 608 Special Topics in CJ (3)			
CRJ 608 Special Topics in CJ (3)			
CRJ 608 Special Topics in CJ (3)			
CRJ 620 White Collar Crime (3)			
CRJ 622 Juvenile Justice (3)			
CRJ 624 Computer Application (3)			
CRJ 625 Race & Ethnicity in CJ (3)			
CRJ 626 Gender Issues in CJ (3)			
CRJ 628 Organized Crime (3)			
CRJ 630 Constitutional Issues in CJ (3)			
CRJ 635 Criminal Justice Ethics (3)			
CRJ 710 Research Project (3)			

OTHER BUFFALO STATE ELECTIVES & TRANSFER CREDITS (0-9 Hrs.)

Graduate level electives taken in another department at Buffalo State or at another college or university. See the Graduate Catalog and the CRJ Handbook for regulations.

Name of Institution	Course No. & Title	Sem. Hrs.	Grade	Anticipated Completion Date

ONE EXIT REQUIREMENT (0-3 Hrs.)	Sem. Hrs	Grade	Anticipated Completion Date
Comprehensive Exam	NO CR.		
CRJ 690 Master's Project (3)			

This program as been reviewed and approved by the advisor and the applicant is recommended for candidacy. The applicant agrees to complete the program as described in order to meet the requirements for the degree program.

PLEASE NOTE: Changes in program must be requested in writing and approved by advisor, department chair and Dean, SOP.

Date _____ Candidate _____ Signature _____
 Date _____ Advisor _____ Signature _____
 Date _____ Dept Chair _____ Signature _____
 Date _____ Dean, SOP _____ Signature _____