Earth Systems Program

Master of Arts (Environmental Communication) Coterm Course Proposal

Submit this form with your application, including both adviser signatures, which confirm approval of the course plan.

**Foundational Course Requirements (for non-Earth Systems majors)**
These courses do not count towards the 45-unit Master's degree. These courses do not have to be completed before applying to the coterm program.

<table>
<thead>
<tr>
<th>Subject Area</th>
<th>Quarter/Year (course completed or planned completion)</th>
<th>Subject code/catalog number</th>
<th>Course Title</th>
<th>Units</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation</td>
<td>EARTHSYS 10</td>
<td>Introduction to Earth Systems</td>
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<td>Foundation</td>
<td>EARTHSYS 111</td>
<td>Biology and Global Change</td>
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<td>Foundation</td>
<td>EARTHSYS 112</td>
<td>Human Society and Environmental Change</td>
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<td>Other*</td>
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*Information on additional required foundational coursework can be found at: [http://earth.stanford.edu/esys/coterminal-ma-program](http://earth.stanford.edu/esys/coterminal-ma-program)

**Future Quarters**
For each quarter, list the courses to be taken to fulfill master's degree requirements.

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<thead>
<tr>
<th>Quarter/Year</th>
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<th>Course Title</th>
<th>Units</th>
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**Student Information**

- **Student Name:**
- **SU ID:**
- **Student Email:**
- **Expected MA Completion Date:**
- **Student Phone:**
- **Second Undergraduate major:**
List courses previously completed or in progress at time of application that will be used to fulfill master's degree requirements:

<table>
<thead>
<tr>
<th>Quarter/Year</th>
<th>Subject code/catalog number</th>
<th>Course Title</th>
<th>Units</th>
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Total Units

Total master's units to be completed (minimum 45): 
Total master's units at 200-level and above (minimum 34): 

Student Signature: ___________________________ Date: ______

Master's Adviser Signature: ___________________________ Date: ______

Print Master's Adviser Name: Thomas Hayden

Faculty Co-Adviser Signature: ___________________________ Date: ______

Print Faculty Co-Adviser Name: ___________________________

Director: ___________________________ Date: ______

Will be signed by Director after the application has been reviewed.
Director signature not required when submitting the application.