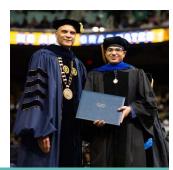


Expected Graduation:





REVISED_____ DATE____

INDIVIDUAL ATTENTION. ADVANCED KNOWLEDGE.

PLAN OF GRADUATE STUDY

•									
Last:	Banner ID								
Student Email:	Student Phone:								
College:	Major:								
Credit Hours									
Required Credit Hours	Certificate		Master's	PhD					
Coursework						FORM	4 MUST		
Master's Project							YPED, WRITTEN		
Thesis						FORMS	WILL NOT		
Dissertation						BE AC	CEPTED		
Total Credit Hours									
Academic Advisor/Committee Members									
Name		Department	Email						
Academic Advisor/Committee Chair:									
Graduate Courses Completed at Other Institutions (Transfer Credit should be approved and submitted within the first semester of graduate course work.)									
Institution/Course Number	A&T Course Equivalent (Prefix/Course Number)			Date	Credits Grade				

Graduate Courses Completed at Other Institutions (Transfer Credit should be approved and submitted within the first semester of graduate course work.)									
Institution/Course Number	A&T Course Equivalent (Prefix/Course Number)	Date	Credits	Grade					

Note: Degree-seeking students must submit an approved Plan of Graduate Study to the Graduate College by the end of the second semester of admission to the degree program. Changes or substitutions for required courses will require submission of a revised Plan of Graduate Study.

*Graduate Students must enroll and complete an application for graduation in the semester they plan to graduate.

Name: Banner ID:

*CORE & ELECTIVE COURSES, Excluding final semest	er (Refer to the Graduate Catalog. DO NOT include backgr		e courses in this section)			
Required Courses (Prefix, Course Number, and Title)	Course used as substitute (if applicable)	Credit Hours	Completion Term			
Final Semester Courses (See Academic Calendar for Deadline	e for the Application for Graduation)					
Total Credit Hours (NCAT)						
Transfer Credit Hours		GRAN	D TOTAL CREDIT			
GRAND TOTAL CREDIT HOURS		HOUF	HOURS SHOULD NOT			
Pre-requisite and/or Background Courses			CEED TOTAL EQUIRED AS			
The requisite and/or background courses			ICATED IN THE			
			OUATE CATALOG			
(Student) Signature	Date					
Academic Advisor Name (Print)	Advisor Signature	 Date				
()						
Approved by Dept. Chair or Graduate Coordinator (Print)	Dept. Chair or Graduate Coordinator Signature	Date				

^													
	TH	E	G	RA	D	UAT	E	C	O	L	LE	G	E
V													