





INDIVIDUAL ATTENTION. ADVANCED KNOWLEDGE.

## **PLAN OF GRADUATE STUDY**

				REVI	SED	DATE		
First:	First:			Banner ID				
Student Email: St			Student Phone:					
College: Maj			Major:					
Certificate		Master's		PhD				
						FORI	M MUST	
							YPED,	
						ORMS	WILL NOT	
						BE AC	CEPTED	
tee Members								
	D	epartment	Er	Email				
utions ( <u>Transfer Credit sh</u>	ould be ap	proved and submitt	ted with	in the first semes	ter of gradu	ate cours	e work.)	
A&T Course Equivalent (Prefix/Course Number)			Date	Credits		Grade		
	Certificate  tee Members	Certificate  tee Members  Dutions (Transfer Credit should be ap	Student Phone:  Major:  Certificate Master's  tee Members  Department  utions (Transfer Credit should be approved and submitted)	Student Phone:  Major:  Certificate Master's  tee Members  Department Er	First:  Student Phone:  Major:  Certificate Master's PhD  tee Members  Department Email	First:  Student Phone:  Major:  Certificate Master's PhD  tee Members  Department Email	First:  Student Phone:  Major:  Certificate Master's PhD  FORI BE 1 HANDI FORMS BE AC  Tee Members  Department Email	

A&T Course Equivalent (Prefix/Course Number)	Date	Credits	Grad
	A&T Course Equivalent (Prefix/Course Number)	A&T Course Equivalent (Prefix/Course Number)  Date	A&T Course Equivalent (Prefix/Course Number)  Date  Credits

Note: Degree-seeking and Certificate 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	<b>er</b> (Refer to the Graduate Catalog. <b>DO NOT</b> include backg		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)	ı	1					
Total Credit Hours (NCAT)								
Transfer Credit Hours			D TOTAL CREDIT					
GRAND TOTAL CREDIT HOURS			RS SHOULD NOT					
Pre-requisite and/or Background Courses			EQUIRED AS					
		IND	ICATED IN THE					
		GRA	DATE CATALOG					
(Student) Cianature	Deta							
(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								
Type 100 by Soph Gian of Graduite Cooldinator (Fills)	25p. C.d. C. Staddic Coordinator Signature							