



**PLAN OF GRADUATE STUDY**

**Expected Graduation:**

REVISED \_\_\_\_\_ Date

Last:	First:	Banner ID:
Student Email:		Student Phone:
College:	Major:	

**Credit Hours**

Required Credit Hours	Certificate	Master's	PhD
Coursework			
Master's Project			
Thesis			
Dissertation			
<b>Total Credit Hours</b>			

**Academic Advisor / Committee Members**

Name	Department	Email
Academic Advisor/Committee Chair:		
Committee Member:		
Committee Member:		
Committee Member:		
Additional Member:		
External Member:		
Graduate College Representative:		

**Comprehensive Examinations, Licensure or other Non-course/Testing requirements**


**Title of Thesis or Dissertation**

--

**Graduate Courses Completed at Other Institutions** (Transfer Credit has been submitted and approved)

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.**

