



**NORTH CAROLINA AGRICULTURAL  
AND TECHNICAL STATE UNIVERSITY**  
THE GRADUATE COLLEGE

**INDIVIDUAL ATTENTION. ADVANCED KNOWLEDGE.**



**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	<b>FORM MUST BE TYPED, HANDWRITTEN FORMS WILL NOT BE ACCEPTED</b>
Coursework				
Master's Project				
Thesis				
Dissertation				
<b>Total Credit Hours</b>				

**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

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 semester** (Refer to the Graduate Catalog. **DO NOT** include background/pre-requisite 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 for the Application for Graduation)

Required Courses (Prefix, Course Number, and Title)	Course used as substitute (if applicable)	Credit Hours	Completion Term

Total Credit Hours (NCAT)		<b>GRAND TOTAL CREDIT HOURS SHOULD NOT EXCEED TOTAL REQUIRED AS INDICATED IN THE GRADUATE CATALOG</b>
Transfer Credit Hours		
<b>GRAND TOTAL CREDIT HOURS</b>		
<b>Pre-requisite and/or Background Courses</b>		

(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 \_\_\_\_\_

