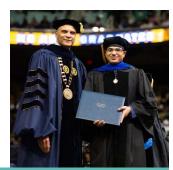


Expected Graduation:





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	Cr	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	ate Credits						

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	e for the Application for Graduation)								
Total Credit Hours (NCAT)									
Transfer Credit Hours		GRAN	D TOTAL CREDIT						
GRAND TOTAL CREDIT HOURS		HOUF	RS 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	L	E	Ġ	E
V														