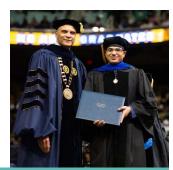


Expected Graduation:





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 | | | | | | |
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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 | | | | | | |
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| Final Semester Courses (See Academic Calendar for Deadline | e for the Application for Graduation) | | | | | | | | |
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| 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 | | | | | | |
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| (Student) Signature | Date | | | | | | | | |
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| Academic Advisor Name (Print) | Advisor Signature | Date | | | | | | | |
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| Approved by Dept. Chair or Graduate Coordinator (Print) | Dept. Chair or Graduate Coordinator Signature | Date | | | | | | | |

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