



**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	FORM MUST BE TYPED, HANDWRITTEN FORMS WILL NOT BE ACCEPTED
Coursework				
Master's Project				
Thesis				
Dissertation				
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	Credits	Grade

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 semester** (Refer to the Graduate Catalog. **DO NOT** include background/pre-requisite courses in this section)

[illegible]

(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



THE GRADUATE COLLEGE