Master's Degree
Plan of Study

Student No. _____ Social Security No. _____

Name _____
Last First Middle Major for master's degree

Address _____
Street City State Zip

_____
Baccalaureate Degree Date received Institution Major for bachelor's degree

Which is required: Thesis _____ Project _____ Neither _____

Advisor: _____ Advisor: _____ Expected Graduation Term _____

Semester

Course No.	Title	Hrs	Grade

Total: _____

Semester

Course No.	Title	Hrs	Grade

Total: _____

Semester

Course No.	Title	Hrs	Grade

Total: _____

Semester

Course No.	Title	Hrs	Grade

Total: _____

Semester

Course No.	Title	Hrs	Grade

Total: _____

Semester

Course No.	Title	Hrs	Grade

Total: _____

_____
Signature of Principal Adviser Date Signature of Dean of the Graduate School

_____
Signature of College Dean Date Date of Final Approval of Plan of Study