



Original Submission	Date:
Amended	Date:

**RETURN TO: College of Graduate Studies
(Office for Respective Campus)**

Main Campus
University Hall Room 3240
Mail Stop 933

Health Science Campus
Mulford Library Room 117
Mail Stop 1042

Plan of Study for the Certificate Program

Description: The Plan of Study serves two main purposes. By defining a student's course of study, it provides focus and direction to his or her graduate program and it constitutes an agreement that successful completion of the proposed course of study and the general certificate requirements will result in the awarding of the certificate. Each student working for a certificate is required to file a Plan of Study with the College of Graduate Studies prior to the completion of 6 credit hours. This plan must be approved by the Advisor, the Chairman or Program Director and the Associate College Dean before being submitted to the College of Graduate Studies. It is understood that the first "Plan of Study" filed by a student may be subject to change as he/she progresses. However, it is the student's responsibility to notify the College of Graduate Studies of any changes to an approved plan of study. According to the University of Toledo General Catalog, it is the policy that credit applied towards certificate programs must have been earned within the period of four years immediately preceding the time the certificate is awarded.

Instructions:

1. List all credits earned or to be earned that you would like to apply toward fulfillment of the Certificate requirements.
2. Under "Course Alphanumeric Code," give department and course number as they were taken or are to be taken. Give the course title in the second column. Enter term and grade information as appropriate.
3. Complete the "Credits" column for all courses listed.
4. Obtain all required signatures and forward to the College of Graduate Studies for final approval.
5. If there are significant changes, a new "Plan of Study" should be completed. If there are minimal changes, a "Plan of Study Course Substitution" form may be used.

Last Name:	First Name:	MI:			
Rocket ID:	First Semester Enrolled (term/year):				
College:	Degree	Major:			
Time Limitation for Degree (term/year):		Expected Graduation (term/year):			
List all graduate courses required for the degree					
Course Alphanumeric Code	Course Title	Term	Grade	# of Credits	Graduate College use only
Program Total					

Additional program degree requirements (please check all that apply):

Other (please specify)

Other (please specify)

Meets requirements of Catalog Term/Year

Comments/Notes/Justification Regarding Transfer and/or Substituted Courses

General Approvals:

_____ Student (printed or typed)	_____ Signature	_____ Date
_____ Advisor (printed or typed)	_____ Signature	_____ Date
_____ Chairman or Program Director (printed or typed)	_____ Signature	_____ Date
_____ Associate Dean, Degree Program (printed or typed)	_____ Signature	_____ Date
_____ Dean or Senior Associate Dean, Graduate College (printed or typed)	_____ Signature	_____ Date