

□ 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 Master's Degree

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 degree program and it constitutes an agreement that successful completion of the proposed course of study and the general degree requirements will result in the awarding of the degree. Each student working for a degree is required to file a Plan of Study with the College of Graduate Studies prior to the completion of 12 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 the master's degree must have been earned within the period of six years immediately preceding the time the degree is awarded.

Instructions:

- 1. List all credits earned or to be earned that you would like to apply toward fulfillment of the Master's degree 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 N	M. I					
Rocket ID: First Semester Enrolled (term/year):							
College:	Degree:	Мајо	or:				
Time Limitation for Degree (term/year): Expected Graduation (term/year):							
	List all graduate courses re	quired for t	he degre	e			
Course Alphanumeric Code	Course Title	Term	Grade	# of Credits	Graduate College use only		

L			Drogram	m Total					
			Progran	n rotai					
Additional program	degree requirement	s (please check	all that a	pply):					
☐ Thesis			Seminar						
☐ Project ☐ Comprehensive Exam									
☐ Other (please specify) ☐ Other (please specify) ☐						·			
☐ Other (please specify) ☐ Other (please specify)									
Meets requirements of Catalog/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) S		Signature				Date			
Associate Dean, Degree Program (printed or typed) Signature						Date			
Dean or Senior Associate Dean, Graduate College Si (printed or typed)		Signature				Date			