



- Email [GCACademic Svcs@utoledo.edu](mailto:GCACademic Svcs@utoledo.edu) or
- University Hall 3240, Mail Stop 933 or
- Mulford Library 113, Mail Stop 1042

Original  Date: \_\_\_\_\_

Amended  Date: \_\_\_\_\_

Fillable PDF. Digital signatures and email submission strongly preferred. Illegible and incomplete forms will be returned.

## Plan of Study for the Master's Degree

### Purpose of the Plan of Study Form

- To serve as a planning and advising tool between the student and advisor that
  - Defines the course of study, providing focus and direction to the graduate program in alignment with the catalog and timely degree completion.
  - Constitutes an agreement that successful completion of proposed and approved course of study and any other general master's degree requirements will result in the awarding of the degree.

### Policies and Permissions

- All students earning a master's degree must file an approved Plan of Study [POS] with the College of Graduate Studies prior to the completion of 12 credit hours.
- It is the student's responsibility to notify the College of Graduate Studies of any changes to an approved POS. Such changes should be requested on a [Plan of Study Course Substitution form](#) or an amended Plan of Study, if extensive. Changes involving term of registration e.g. taking a course in a different semester or year are exempted.
- All changes require the signatures of the advisor, chair or program director, and associate dean of college.
- According to university policy, all credit applied toward the master's degree must have been earned within the period of six [6] years immediately preceding the time the degree is awarded.
- **According to university policy, any courses earning a "U" or below a "C" cannot remain on the Plan of Study or be applied towards degree fulfillment.**

### Instructions for Completion

- List all credits earned or to be earned that you would like to apply toward fulfillment of the master's degree, following the [catalog requirements](#) for the year of your matriculation. **Document any deviation from catalog requirements on the last page of this form.**
- Enter department and course number under 'Course Alphanumeric Code.' Enter the course title in the second column. Enter term and grade information as appropriate. Enter number of credits in the 'Credit' column for each course.
- Obtain all required signatures and submit to the College of Graduate Studies for final approval.

## Student Information

ROCKET ID \_\_\_\_\_ FULL NAME [First and last] \_\_\_\_\_

COLLEGE \_\_\_\_\_ DEGREE \_\_\_\_\_ PROGRAM \_\_\_\_\_

FIRST SEMESTER \_\_\_\_\_ EXPECTED GRADUATION \_\_\_\_\_ TIME LIMITATION TO DEGREE [6 years from first term]

[term/year] \_\_\_\_\_ [term/year] \_\_\_\_\_ [term/year] \_\_\_\_\_

**LIST ALL GRADUATE COURSES REQUIRED FOR THE DEGREE**

COURSE ALPHANUMERIC CODE	COURSE TITLE	TERM	GRADE	CREDITS	GRADUATE COLLEGE USE ONLY

<b>PROGRAM TOTAL</b>					

<b>CHECK OR LIST ADDITIONAL DEGREE PROGRAM REQUIREMENTS</b>			
<b>Additional Requirement [can enter details as needed]</b>	<b>N/A</b>	<b>Confirmation to COGS</b>	<b>Confirm internally</b>
EXAM (Qualifying or Comprehensive)			
TEACHING			
INTERNSHIP, PRACTICUM, FIELD EXPERIENCE			
FOREIGN LANGUAGE			
CONFERENCE PRESENTATION			
PUBLICATION			
OTHER:			
<b>PROVIDE ALL DOCUMENTATION REGARDING WAIVERS, COURSE SUBSTITUTIONS AND TRANSFER CREDITS</b>			
LIST WAIVED COURSES WITH THE REASON FOR WAIVER [e.g. satisfied during undergraduate study]			
LIST ALL COURSEWORK WHICH WILL BE SATISFIED WITH SUBSTITUTIONS [must be equivalent credit hours/levels: 5000 ≠ 7000]			
LIST ALL COURSEWORK WHICH WILL BE SATISFIED BY TRANSFER CREDITS [completion of the <a href="#">Transfer Credit Request form</a> for each institution from which transfer credit is being sought is required. Refer to <a href="#">policy on Transfer Credit</a> on the COGS website.]			

## Student Signature and Academic College Approvals

STUDENT \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADVISOR \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CHAIR/  
DIRECTOR \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ASSOCIATE DEAN OF  
ACADEMIC COLLEGE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### COLLEGE OF GRADUATE STUDIES USE ONLY

RECEIVED & REVIEWED \_\_\_\_\_ DATE \_\_\_\_\_ INCOMPLETE & RETURNED DATE \_\_\_\_\_

DEAN OR ASSOC. DEAN  
GRADUATE COLLEGE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_