

## RETURN TO: College of Graduate Studies, Respective Campus

Main Campus 3240 University Hall Mail Stop 933 Health Science Campus Mulford Library Room 117 Mail Stop 1042

	Original Submission
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☐ Amended Date:

## 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, an "amended Plan of Study" or "Plan of Study Course Substitution" form may be used.

Last Name: _	First Na	M. I						
Rocket ID: First Semester Enrolled (term/year):								
College:	Degree:	Major:						
Time Limitation	n for Degree (term/year): Expe	ected Grac	luation (t	erm/year):	<b>:</b>			
	List all graduate courses requ	ired for th	ne deare	e				
Course Alphanumeric Code	Course Title	Term	Grade	# of Credits	Graduate College use only			

Additional prog	gram degree requirement	s (please check		n Total pply):			
☐ Thesis			Seminar				
□ Project		☐ Comprehensive Exam					
☐ Other (please specify)							
☐ Other (	please specify)	Other (please specify)					
Meets requiren	nents of Catalog/Year						
	tes/Justification Regardir				ourses		
	-	-					
General Appro	vale:						
General Appro	vais.						
Student (printed or typed)		Signature				Date	
Advisor (printed or typed)		Signature				Date	
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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		Signature				Date	