

Plan of Study for Master's Degree

Name: _____
Last First Middle Initial

Student ID: and/or NetID: Phone: _____

Email address: _____

Degree sought: _____ Field of Study: _____

Area of Concentration (if any): _____

This plan of study should be submitted to the Office of the Registrar no later than the beginning of the student's final semester before degree completion. The successful completion of all work indicated on the plan of study is a fundamental prerequisite for the conferring of the degree. This form must be signed below by the student and each member of the advisory committee. Any changes in listed coursework should be submitted on the "Request for Changes in Plan of Study" form.

ADVISOR'S NAME (PRINTED) Minimum of three required	ORIGINAL SIGNATURE REQUIRED
MAJOR ADVISOR _____	_____
ASSOCIATE ADVISOR _____	_____
ASSOCIATE ADVISOR _____	_____
ASSOCIATE ADVISOR _____	_____
ASSOCIATE ADVISOR _____	_____
ASSOCIATE ADVISOR _____	_____

Date by which you expect to complete work for the degree: _____

Formal application for graduation by the student to be placed on the list of degree candidates must be submitted through the Student Administration System before the conferral date. See the Academic Calendar for conferral dates and deadlines.

LEAVE BLANK

Date by which all requirements for the degree must be completed: _____

PLAN A (THESIS)

PLAN B (NON-THESIS)

