UCONN
OFFICE OF THE REGISTRAR

233 Glenbrook Road, U-4077
Storrs, CT 06269-4077
Phone: 860-486-3331 Fax: 860-486-0062
Email: registrar@uconn.edu

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 by the end of the fourth week 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)

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Course Work

The plan of study should be completed in consultation with your advisory committee. List in chronological order all courses that fulfill the requirements for the Master's degree.

Plan A (Thesis): At least 21 credits of appropriate course work, as well as a minimum of nine of GRAD 5950/5960 Master's Thesis Research credits must be listed. Your advisory committee may require more than the minimum 21 depending on the scope and quality of your preparation and objectives.

Plan B (non-Thesis): A minimum of 30 credits of appropriate course work must be listed. Your advisory committee may require more than the minimum 30 credits depending on the requirements of your field of study.

Refer to the Graduate Catalog in regard to transfer credit courses and submit any request for transfer credits on the "Transfer Credit Request" form with advisor's approval signature and official transcript. Please retain a copy of the plan for your records.

College	Course Number	Course Title	Course Credits	Leave Blank	Year	Semester
EXAMPLE U OF CONNECTICUT	GRAD 5950	MASTER'S THESIS RESEARCH	3		2010	SPRING

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College	Course Number	Course Title	Course Credits	Leave Blank	Year	Semester

The Graduate School requires master's degree students to maintain at least a B (3.00) cumulative grade point average.

If additional space is required to list coursework, please attach another page.

UConn credits _____ Transfer credits _____ Total credits _____

Date _____ Student's signature _____