





INDIVIDUAL ATTENTION. ADVANCED KNOWLEDGE.

PLAN OF GRADUATE STUDY

				REVI	SED	DATE	
First:			Banner ID				
Student Phone:			•				
Major:							
Certificate		Master's		PhD			
						FORI	M MUST
							YPED,
						ORMS	WILL NOT
						BE AC	CEPTED
tee Members							
	D	epartment	Er	mail			
utions (<u>Transfer Credit sh</u>	ould be ap	proved and submitt	ted with	in the first semes	ter of gradu	ate cours	e work.)
A&T Course Equivalent (Prefix/Course Number)			Date	Credits Grade		Grade	
	Certificate tee Members	Certificate tee Members Dutions (Transfer Credit should be ap	Student Phone: Major: Certificate Master's tee Members Department utions (Transfer Credit should be approved and submitted)	Student Phone: Major: Certificate Master's tee Members Department Er	First: Student Phone: Major: Certificate Master's PhD tee Members Department Email	First: Student Phone: Major: Certificate Master's PhD tee Members Department Email	First: Student Phone: Major: Certificate Master's PhD FORI BE 1 HANDI FORMS BE AC Tee Members Department Email

A&T Course Equivalent (Prefix/Course Number)	Date	Credits	Gra
	A&T Course Equivalent (Prefix/Course Number)	A&T Course Equivalent (Prefix/Course Number) Date	A&T Course Equivalent (Prefix/Course Number) Date Credits

Note: Degree-seeking and Certificate students must submit an approved Plan of Graduate Study to the Graduate College by the end of the second semester of admission to the degree program. Changes or substitutions for required courses will require submission of a revised Plan of Graduate Study.

*Graduate Students must enroll and complete an application for graduation in the semester they plan to graduate.

Name: Banner ID:

*CORE & ELECTIVE COURSES, Excluding final semest	<u>cer</u> (Refer to the Graduate Catalog. DO NOT include backs		e courses in this section)		
Required Courses (Prefix, Course Number, and Title)	Course used as substitute (if applicable)	Credit Hours	Credit Hours Completion Term		
Final Semester Courses (See Academic Calendar for Deadlin	e for the Application for Graduation)	<u> </u>	1		
Total Credit Hours (NCAT)					
Transfer Credit Hours			D TOTAL CREDIT		
GRAND TOTAL CREDIT HOURS			RS SHOULD NOT (CEED TOTAL		
Pre-requisite and/or Background Courses			EQUIRED AS		
		IND	ICATED IN THE		
		GRA	DATE CATALOG		
(Chadara) Ciarahan	Dec				
(Student) Signature	Date				
Academic Advisor Name (Print)	Advisor Signature	Date			
Approved by Dept. Chair or Graduate Coordinator (Print)	Dept. Chair or Graduate Coordinator Signature	Date			
rpproved by Dept. Cital of Graduate Coordinator (Fillit)	Sept. Chair of Gladatic Cooldinator Signature	Date			

THE	GRADUATE	COLLEGE
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