

Date: _____

Master's Degree Plan of Study

Name: _____
(last) (first) (middle)

Degree Sought: _____ Anticipated Date of Graduation: _____

Degree Credit

<u>Course No. & Title</u>	<u>Date Taken</u>	<u>Credit Hours</u>	<u>Grade</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Thesis or Paper Research

1. _____	_____	_____	_____
2. _____	_____	_____	_____

Total Hours Required: _____

Thesis Title: _____

Student's Signature: _____

Advisor's Signature: _____

Approved by Graduate Program Coordinator: _____