



Traditional/Seated Master’s Plan of Study

Date	
First name	
Last name	
Student ID	
Major	
Minor	

Research Credits

Dept. and course number	Course title	Term and year (Fall or Spring 20XX)	Total credits
			GRAND TOTAL RESEARCH CREDITS: _____

Supporting courses (4000 level and other special courses)

Dept. and course number	Course title	Term and year (Fall or Spring 20XX)	Total credits
			GRAND TOTAL SUPPORTING CREDITS: _____

Transfer credits

Dept. and course number	Course title	Term and year (Fall or Spring 20XX)	Total credits
			GRAND TOTAL TRANSFER CREDITS: _____

5000 level courses and above

Dept. and course number	Course title	Term and year (Fall or Spring 20XX)	Total credits
			GRAND TOTAL 5000 LEVEL COURSES AND ABOVE CREDITS: _____

Advisory Committee Approval: (Four members required, five recommended, including one member outside of the department)

Committee	Signature	First and Last Name	ID Number
Chair:			
Co-Chair:			
Member:			
Member:			
Member:			
Student:			
Graduate Program Director			