

M.S. PROGRAM OF STUDY

Agricultural and Applied Economics

Proposed Graduate Program Plan of Study

Name:	Student ID:	Date:
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Check One for Applied Econ: ___ Thesis ___ Non-Thesis

Research Credits

Dept. & Course No.	Course Title	Term and Year (Fall or Spring 20__)	Total Credits

Total Research Credits: _____

Supporting Courses (4,000 level and Other Special Courses)

Dept. & Course No.	Course Title	Term and Year (Fall or Spring 20__)	Total Credits

Total Supporting Courses: _____

Transfer Credits

Dept. & Course No.	Course Title	Term and Year (Fall or Spring 20__)	Total Credits

Total Transfer Credits: _____

5,000 Level Courses and Above

Dept. & Course No.	Course Title	Term and Year (Fall or Spring 20__)	Total Credits

Total 5,000 level courses and above: _____

Advisory Committee Approval:

Committee	Signature	Name	ID Number
Chair:			
Co-Chair: (If applicable)			
Member:			
Member:			
Member:			
Student:			
Graduate Program Director			