



## PROGRAM OF STUDY

It is the responsibility of each graduate student to submit the initial Program of Study before the end of the second semester of enrollment. Final Program of Study is required with the Application for Graduation during final semester. No student will graduate without submitting a **typed Program of Study**. If your study plan has changed and the document requires revision, student must submit a new Program of Study. Program of Study must reflect student's course catalog for admit term and completed or in progress coursework.

**Complete and submit typed document to the Office of Graduate Studies, Patton Hall 213.**

## STUDENT INFORMATION

<b>Name:</b>			<b>Banner ID #:</b>
<b>Date Submitted:</b>			<b>Current GPA:</b>
<b>Admit Term:</b>	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
<b>Graduation Term:</b>	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
<b>Academic College:</b>			
<b>Department:</b>			
<b>Degree (Check One):</b>	<input type="checkbox"/> MBA	<input type="checkbox"/> MEd	<input type="checkbox"/> MEng
	<input type="checkbox"/> MS	<input type="checkbox"/> MSW	<input type="checkbox"/> MURP
	<input type="checkbox"/> EdS	<input type="checkbox"/> PhD	
<b>Program Major:</b>			
<b>Specialization/Concentration:</b>			
<b>Capstone Document:</b>	<input type="checkbox"/> Action Research Report	<input type="checkbox"/> Dissertation	<input type="checkbox"/> Master's Report
	<input type="checkbox"/> Thesis		

## SIGNATURES

<b>Student:</b>	<b>Student's Signature:</b>	<b>Date:</b>
<b>Academic Advisor:</b>	<b>Academic Advisor's Signature:</b>	<b>Date:</b>
<b>Department Chairperson:</b>	<b>Chairperson's Signature:</b>	<b>Date:</b>
<b>Academic Dean:</b>	<b>Academic Dean's Signature:</b>	<b>Date:</b>
<b>Graduate Studies Dean:</b>	<b>Graduate Studies Dean's Signature:</b>	<b>Date:</b>

**DEFICIENCY COURSES**

Course Title	Subject	Course Number	Credit Hours	Grade	Term	Year

**CORE PROGRAM COURSES**

Course Title	Subject	Course Number	Credit Hours	Grade	Term	Year

**SPECIALIZATION/CONCENTRATION COURSES**

Course Title	Subject	Course Number	Credit Hours	Grade	Term	Year

<b>ELECTIVE COURSES</b>						
<b>Course Title</b>	<b>Subject</b>	<b>Course Number</b>	<b>Credit Hours</b>	<b>Grade</b>	<b>Term</b>	<b>Year</b>

<b>TRANSFER CREDIT HOURS</b>						
<b>Course Title</b>	<b>Subject</b>	<b>Course Number</b>	<b>Credit Hours</b>	<b>Grade</b>	<b>Term</b>	<b>Year</b>

NOTE: A student who has earned the Master's degree can transfer up to a maximum of 24 semester hours of credit, whereas a student who does not have a master's degree can transfer up to a maximum of 12 semester hours of graduate credit (GR. Policy #18.3)

EXAM				
EXAM (IF APPLICABLE)	PASS	FAIL	TERM	YEAR
Comprehensive Exam	<input type="checkbox"/>	<input type="checkbox"/>		

CAPSTONE DOCUMENT				
Capstone Document:	<input type="checkbox"/> Action Research Report	<input type="checkbox"/> Dissertation	<input type="checkbox"/> Master's Report	<input type="checkbox"/> Thesis
COMPLETION OF THESIS PREPARATION WORKSHOP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

<b>TITLE OF DOCUMENT</b>

	APPROVED	NOT APPROVED	TERM	YEAR
THESIS/DISSERTATION PROPOSAL	<input type="checkbox"/>	<input type="checkbox"/>		

	PASS	FAIL	TERM	YEAR
THESIS/DISSERTATION ORAL DEFENSE	<input type="checkbox"/>	<input type="checkbox"/>		

	CREDIT HOURS
TOTAL THESIS RESEARCH CREDIT HOURS	
TOTAL CREDIT HOURS REQUIRED FOR DEGREE COMPLETION	