

WORKING Formal Study Plan

Graduate Education, Science Building, 52-E47

FIELDS ON THIS DOCUMENT SHOULD BE ENTERED IN ELECTRONIC FORM.

NAME: _____

DATE: _____

STUDENT ID: _____

PHONE: _____

Academic Program: _____

Specialization (if applicable): _____

What degree will you earn?: MA MS BMS Other _____

Note: All graduate students are required to maintain continuous enrollment from the time of first enrollment until the completion of their degree regardless of catalog cycle. Students who fail to fulfill the continuous enrollment requirement will not be permitted to graduate.

(student initials)

(date)

1. STUDY PLAN

TRANSFER AND / OR CONDITIONAL ADMIT COURSES

Course	Units	School/Institution	Grade	(Office use only)

SUBTOTAL UNITS _____

COURSES DOUBLE COUNTED (BMS ONLY) - DO NOT LIST THESE COURSES ELSEWHERE

Course	Units	Grade	(Office use only)

SUBTOTAL UNITS _____

PROGRAM COURSES

LIST ALL 400 LEVEL COURSES				(Office use only)					(Office use only)
Course	Units	Grade	Qty Pts		Course	Units	Grade	Qty Pts	

SUBTOTAL UNITS _____

