### WORKING Formal Study Plan
Graduate Education, Science Building, 52-E47

**FIELDS ON THIS DOCUMENT SHOULD BE ENTERED IN ELECTRONIC FORM.**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DATE:</th>
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<tbody>
<tr>
<td>STUDENT ID:</td>
<td>PHONE:</td>
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**Academic Program:**

**Specialization (if applicable):**

**What degree will you earn?:**
- [ ] MA
- [ ] MS
- [ ] BMS
- [ ] Other _______________________

*(student initials) (date)*

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.

## 1. STUDY PLAN

### TRANSFER AND/OR CONDITIONAL ADMIT COURSES

<table>
<thead>
<tr>
<th>Course</th>
<th>Units</th>
<th>School/Institution</th>
<th>Grade</th>
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**SUBTOTAL UNITS ______**

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

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**SUBTOTAL UNITS ______**

### PROGRAM COURSES

#### LIST ALL 400 LEVEL COURSES

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<th>Course</th>
<th>Units</th>
<th>Grade</th>
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**SUBTOTAL UNITS ______**
No fewer than half of the units required for the degree shall be 500-level courses.
Only 9 units of thesis/project coursework are allowable toward plan requirements.

## 2. CULMINATING EXPERIENCE

- [ ] THESIS
- [ ] PROJECT
- [ ] COMPREHENSIVE EXAM

Special Requirement (if applicable)

## 3. APPROVALS

1. Student Name
   - Printed Name
   - Initials
   - Date
2. Advisor Name
   - Printed Name
   - Initials
   - Date
3. Coordinator Name
   - Printed Name
   - Initials
   - Date
4. Department Head
   - Printed Name
   - Initials
   - Date
5. Dean Name
   - Printed Name
   - Initials
   - Date
6. GradEd Director
   - Printed Name
   - Initials
   - Date

This document is the WORKING version and must be submitted during the first quarter of your graduate coursework to the Graduate Education Office.

Please submit a signed/initialed copy to GradEd in Bldg 52, Room E47.

GWR: __________  ATC: __________
Thesis/Comp: __________  Other: __________
FSP GPA: __________  Dist: __________
Res OK:

Term Date Initials