CONCURRENT DEGREE ONLY

FINAL Formal Study Plan

Graduate Education, Science Building 52-D27

CAL POLY
Graduate Education

FIELDS ON THIS DOCUMENT SHOULD BE ENTERED IN ELECTRONIC FORM.

NAME: _____   DATE: _____

STUDENT ID: _____   PHONE: _____

Academic Program: _____

What degree will you earn?: ☐ Transportation Planning   ☐ Engineering Management

1. GRADUATE ADMISSION

Above-listed program's matriculation term:

7-year limit expires at end of this term:

(Office use only)

2. STUDY PLAN

ALL TRANSFER COURSES, EXTENDED ED COURSES, AND THOSE TAKEN BEFORE STARTING THIS PROGRAM				
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 _____

CAL POLY GRADUATE COURSES								
LIST ALL 400 LEVEL COURSES		(Office use only)					(Office use only)	
Course	Units	Grade	Qlty Pts		Course	Units	Grade	Qlty Pts

SUBTOTAL UNITS _____

LIST ALL 500 LEVEL COURSES

Course	Units	Grade	Qlty Pts

Course	Units	Grade	Qlty Pts

(Office use only) (for right table)

No fewer than 50% the units required for the degree shall be 500-level. Starting Fall 2019, this increases to 60%.

Only 9 units of thesis/project coursework are allowable toward plan.

SUBTOTAL UNITS _____

TOTAL UNITS IN PLAN:

3. CULMINATING EXPERIENCE

☐ THESIS   ☐ PROJECT   ☐ COMPREHENSIVE EXAM

Special Requirement (if applicable) _____

4. APPROVALS

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

<mark>(student initials)</mark> _____   (date) _____

	Printed Name	Initials	Date
1. Student Name	_____	_____	_____
2. Advisor Name	_____	_____	_____
***			
3. Coordinator Name/Prog.	_____	_____	_____
4. Department Head Name	_____	_____	_____
5. Dean Name/College	_____	_____	_____
***			
6. Coordinator Name/Prog.	_____	_____	_____
7. Department Head Name	_____	_____	_____
8. Dean Name/College	_____	_____	_____
***			
9. Dean of GradEd	_____	_____	_____

This document is the <u>FINAL</u> version and must be submitted to the Graduate Education Office within the first three weeks of the quarter in which you graduate.

Submit a signed/initialed copy to GradEd in Science Building 52-D27.

GWR: _____   ATC: _____   50% 500-level: _____   Res OK: ☐   7 Years OK: ☐

Thesis/Comp: _____   Grade Change Date: _____   3.0 FSP GPA _____ ÷ _____ = _____   Dist: Y   N

C- or Better: ☐   Max 12 Unclass.: ☐   Max 12 Trans.: ☐   Max 13 Non-Res.: ☐

_____   Posted _____   _____
Conferral Date   Today's Date   Initials   OFFICE USE ONLY