

WORKING Formal Study Plan & Advancement to Candidacy

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

OUT-OF-RESIDENCE 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 _____

IN-RESIDENCE COURSES

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

SUBTOTAL UNITS _____

LIST ALL 500 LEVEL COURSES

(Office use only)

Course	Units	Grade	Qty Pts

(Office use only)

Course	Units	Grade	Qty Pts

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:

2. CULMINATING EXPERIENCE

THESIS PROJECT COMPREHENSIVE EXAM

Special Requirement (if applicable) _____

3. ANTICIPATED GRADUATION DATE YEAR: _____ QUARTER: _____

4. GWR COMPLETION (REQUIRED) The GWR has been successfully completed: **Student Initials**

5. 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. Dean of GradEd	_____	_____	_____
	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: _____	50% 500-level: _____	Res OK: _____
Thesis/Comp: _____	Other: _____	FSP GPA: _____	Dist: _____
_____ Posted _____	_____	_____	_____
Term	Date	Initials	

UNIT LIMITATIONS AND POLICIES

Reference these limitations when completing your study plan.

32 of 45 units (71%) must be completed while in-residence

13 of 45 units can be out-of-residence

Title 5, Article 7, 40510.A

See the Graduate Education Handbook for more details.

IN-RESIDENCE

- Cal Poly courses taken while enrolled (classified or conditionally classified).
- Cal Poly summer session (S) courses.
- Cal Poly undergraduate courses not counted toward Bachelor's degree (**12 max**).
- Cal Poly special session (E) courses.
- Certificate programs; maximum of 24 units can be applied to a Master's degree.

OUT-OF-RESIDENCE

- Cal Poly Open University (P) courses (**12 max**).
- All Transfer units (**12 max**) taken before matriculation into a Cal Poly Master's degree or credential program. Ensure that your transfer school is regionally accredited and that the course is at least 400-level equivalent. Validate that transfer undergraduate courses were not needed for the Bachelor's degree by obtaining written verification from transfer school. Registrar's Office will check Cal Poly undergraduate work ONLY. You must verify with your program and with the Registrar's Office that your transfer work will be accepted.
- Credits by exam.