## North Carolina Agricultural Technical State University School of Graduate Studies PLAN OF GRADUATE WORK (STUDY)

The master's degree candidate must submit an approved Plan of Graduate Work to the School of Graduate Studies during the term in which the candidate will complete 15 or more credits toward the degree sought. If the 15 credits will be completed at the end of a regular semester, the Plan of Graduate Work must be submitted to the School of Graduate Studies Office five working days before registration for the following semester. If the 15 credits will be completed at the end of the summer session, the Plan of Graduate Work should be filed in the School of Graduate Studies within five working days following fall registration. (Read complete policy on pages 36-37 of the 2007-2008 Graduate Catalog.)

Name (Last, First, M.I.):			Banner ID:				
Student Email Address:		Student Phone:					
School/College:		Program:					
DEGREE DETAIL							
Degree Sought:    Master's Doctoral Certificate    (Please check one)    Master's Doctoral Certificate							
Master's Option:	Course Work	Required Course Hours	S				
	Project	Required Project Hours	S				
	Thesis	Required Thesis Hours	Total Required Hours				
	Course Work	Required Course Hours	S				
Doctoral Students Only	Dissertation	Required Dissertation Hours					
		Total Required Ho	Durs				
Advisory Committee (If Require	ed for Graduation)						
Name	Department	Advisor Email					
Modern Language (If Required)							
Subject of Thesis or Dissertation							

Graduate Courses Completed at Other Institutions for which <u>Transfer Credit</u> is Requested toward the Degree							
Institution	Name and Number of Course	Date	Credits	Grade			
			1	1			

Name (Last, First, M.I.):	Banner ID:
---------------------------	------------

GRADUATE WORK REQUIRED FOR COMPLETION OF DEGREE				
Course Prefix, Number and Title	Credits	Term		
TOTAL TRANSFER HOURS (If applicable)				
TOTAL CREDIT HOURS				
	(Student) Signature		DATE	
Approved by Advisor <u>Lisa G. Snyder, Ph.D.</u> TYPE NAME	SIGN NAME		DATE	
		_		
Approved by Graduate Coordinator <u>Lisa G. Snyder, Ph.D.</u> TYPE NAME	SIGN NAME		DATE	
	SIGN NAME	L		
Approved by Graduate Chairperson <u>Lisa G. Snyder, Ph.D.</u> TYPE NAME	SIGN NAME		DATE	
Approved				
Graduate School Approval	DATE			