



**NORTH CAROLINA AGRICULTURAL  
AND TECHNICAL STATE UNIVERSITY**  
THE GRADUATE COLLEGE

**INDIVIDUAL ATTENTION. ADVANCED KNOWLEDGE.**



## PLAN OF GRADUATE STUDY

### Expected Graduation:

REVISED \_\_\_\_\_ DATE \_\_\_\_\_

Last:	First:	Banner ID
Student Email:	Student Phone:	
College:	Major:	

### Credit Hours

Required Credit Hours	Certificate	Master's	PhD	<b>FORM MUST BE TYPED, HANDWRITTEN FORMS WILL NOT BE ACCEPTED</b>
Coursework				
Master's Project				
Thesis				
Dissertation				
<b>Total Credit Hours</b>				

### Academic Advisor/Committee Members

Name	Department	Email
Academic Advisor/Committee Chair:		

### Graduate Courses Completed at Other Institutions (Transfer Credit should be approved and submitted within the first semester of graduate course work.)

Institution/Course Number	A&T Course Equivalent (Prefix/Course Number)	Date	Credits	Grade

Note: Degree-seeking and Certificate students must submit an approved Plan of Graduate Study to the Graduate College by the end of the second semester of admission to the degree program. **Changes or substitutions for required courses will require submission of a revised Plan of Graduate Study.**

**\*Graduate Students must enroll and complete an application for graduation in the semester they plan to graduate.**

Name:

**Banner ID:**

**\*CORE & ELECTIVE COURSES, Excluding final semester** (Refer to the Graduate Catalog. **DO NOT** include background/pre-requisite courses in this section)

[illegible]

(Student) Signature

Date

Academic Advisor Name (Print)

Advisor Signature

Date

Approved by Dept. Chair or Graduate Coordinator (Print)

Dept. Chair or Graduate Coordinator Signature

Date



THE GRADUATE COLLEGE