

GRADUATE STUDENT PLAN OF STUDY

Program Completion Period and/or Doctoral Second Plan of Study Required

Last Name: _____ First Name: _____
Student ID: _____ Degree Program: _____
Department/School: _____ Class Level: _____
Full Time or Part Time: _____

Date: _____

Students who do not complete their program within the prescribed period are required to submit a plan of study for completion by the maximum program duration. The plan must be developed in consultation with the student's Advisory Committee, endorsed by the Graduate Coordinator, and then submitted to the Office of Graduate Studies no later than the 20th class day of the semester following notification.

Date of last Advisory Committee meeting: _____ Anticipated date of next Advisory Committee meeting: _____

Plan of Study for Completion by the Maximum Program Duration

The plan must include milestones and deadlines for completion of each milestone. *Examples of milestones: English proficiency level to be achieved, courses to be completed, experiments to be conducted, chapters of a thesis or paper to be completed, anticipated date of thesis submission for defense.*

Anticipated Program Completion Date: _____

Student's Signature: _____

Advisor

Name: _____ Signature: _____

Advisory Committee

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Graduate Coordinator's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Plan of Study Approved: ☐ YES ☐ NO

On behalf of the Admissions & Progress Committee