



Master Degree Candidate Plan of Study

This form is to be completed by the student after consultation with his/her Faculty Advisor and filed with the Department's Graduate Advisor **prior to the third quarter of study.**

Full Name:

Last

First

Middle

Student ID number: _____

Email: _____

Phone: _____

Date M.S. Program Started: _____

Date Degree Expected: _____

M.S. Thesis (Check yes or no) Yes No

If yes, Tentative title: _____

Are you Planning for dual Master Degrees (check yes or no) Yes No

If yes, what is the other M.S. Degree?

Are you a BS/MS student? (Check yes or no) Yes No

Signature of Student **Date**

Signature of Student's Faculty Advisor (If applicable) **Date**

Signature of Department Graduate Advisor **Date**

