

AGRADE – MASTER’S PLAN OF WORK

NAME _____

ADDRESS _____

HOME PHONE NUMBER _____ STUDENT ID NUMBER _____

WORK ADDRESS _____

WORK PHONE NUMBER _____ WORK FAX NUMBER _____

MAJOR _____ MAJOR HPA _____ CUM HPA _____

DEGREE SOUGHT _____ Degree Plan: **CIRCLE ONE** A: Thesis B: Essay C: Non Thesis

--INSTRUCTIONS – FILL OUT AND GIVE ORIGINAL TO ADVISOR FOR APPROVAL--

Term	AGRADE	Course Number	Title	Core Credits	Elective Credits	Transfer Credits	Prereq Credits	GRADE
	*A							
	*A							
	*A							
	*A							
Total hours in degree program _____ TOTALS:								

***A – Denotes AGRADE Courses – Maximum of 16 Credits Allowed**

NOTE: Student is responsible for completing any prerequisites pertaining to courses on this plan of work.

All degree requirements and coursework must be completed by _____
(Within six years following date of first recorded grade to be used for degree)

Applicant’s Signature _____ Date _____

Graduate Advisor’s Name _____ Signature _____ Date _____

Dept. Chair’s Name _____ Signature _____ Date _____

Candidacy Authorization by Associate Dean _____ Date _____