

Graduate Program of Study

Directions:

- Program coordinators/advisors are to use this form for preparing a program of study for each student seeking a graduate degree or certificate.
- It is recommended that this form be completed within the first twelve hours of course work. Care should be taken to be as explicit as possible.
- This program of study, along with the applicable requirements listed in the Graduate Catalog, constitute the requirements for the degree sought.
- The program coordinator and student must sign and retain completed copies of the form, and a duplicate should be filed with the Graduate School.
- Should it be necessary to alter the requirements listed on this form, the student should complete the form "Change of Graduate Program of Study".

Name: _____ Campus ID#: _____
Family/Last Surname Given/First Middle

Phone Number: (____) _____ Email Address _____
Area Code Phone Number

Program:

Graduate School

- STEM Education P.M.A.
 Elementary Math, Science, and Technology Education
 Environmental Science Education

College of Business

- Accounting M.S.A. (Including Accounting 3:2)
 Business Administration M.B.A.
 Executive Business Administration M.B.A.
 Business Administration Certificate - Management

College of Communications & Fine Arts

- M.A. M.F.A.
 Concentration:
 Ceramics Photography
 Drawing Printmaking
 Painting Sculpture
 Visual Communication

College of Engineering & Technology

- Civil Engineering M.S.C.E.
 Electrical Engineering M.S.E.E.
 Industrial Engineering M.S.I.E.
 Manufacturing Engineering M.S.Mf.E.
 Mechanical Engineering M.S.M.E.

College of Liberal Arts & Sciences

- Biochemistry M.S. (Including Biochemistry 4:1)
 Biology M.S. (Including Biology 4:1)
 Chemistry M.S. or M.A. (Including Chemistry 4:1)
 Computer Information Systems M.S.
 Computer Science M.S.
 English M.A.

College of Education and Health Sciences

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| <input type="checkbox"/> Physical Therapy D.P.T.
<input type="checkbox"/> Curriculum & Instruction M.A.
<input type="checkbox"/> Curriculum and Instruction Certificate
<input type="checkbox"/> Educational Administration M.A.
<input type="checkbox"/> Educational Administration Certificate
<input type="checkbox"/> Nonprofit Leadership M.A.
<input type="checkbox"/> Dietetics - Nutrition & Wellness M.S.
Counseling
<input type="checkbox"/> On Campus <input type="checkbox"/> Distance Education
<input type="checkbox"/> Clinical Mental Health M.A.
<input type="checkbox"/> Clinical Mental Health Certificate
<input type="checkbox"/> Neurocounseling Certificate
<input type="checkbox"/> Professional School M.A.
<input type="checkbox"/> Professional School Certificate | Nursing
<input type="checkbox"/> On Campus <input type="checkbox"/> Distance Education
<input type="checkbox"/> Nursing Administration M.S.N.
<input type="checkbox"/> Family Nurse Practitioner D.P.N.
<input type="checkbox"/> Nursing Leadership D.P.N.
<input type="checkbox"/> Family Nurse Practitioner M.S.N.
<input type="checkbox"/> RN-MSN Family Nurse Practitioner M.S.N.
<input type="checkbox"/> RN-MSN Nursing Administration M.S.N.
<input type="checkbox"/> Family Nurse Practitioner Certificate
<input type="checkbox"/> Nursing Education M.S.N. |
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Semester first enrolled in the graduate program _____ Expected date of graduation _____

Requirements for successful completion of this student's program:

1. On page 2 of this form, list courses required by the program that are taken as: prerequisites, transfer, non-degree seeking, the core and any additional required courses.
2. Indicate the type of comprehensive assessment used to determine the success of the student in fulfilling the objectives of the program. _____
3. Other conditions (please specify if any) _____

I, _____, understand that this form, along with the applicable requirements in the Graduate Catalog, constitute the requirements for completion of my program. Should there be changes to the courses listed on this form, I understand that it is my responsibility to initiate procedures to have the changes reviewed, approved and filed with the Program Coordinator and the Graduate School.

Graduate Student Signature

Date

Graduate Program Coordinator Signature

Date

