



# Office of Graduate Studies

## 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 20<sup>th</sup> 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