

PROGRAM OF GRADUATE STUDY FORM – YEAR 1

To be completed during the 1st week of instruction

Name:.....ID#.....

Undergraduate degree.....School.....

Remedial courses:.....To be completed by.....

1st Placement Exam:.....Score.....

Remedial courses.....To be completed by.....

Courses to be taken during the first semester:.....

To be completed by the 12th week of instruction

Additional Placement Exam(s).....

Thesis advisor:..... Signature:.....

Thesis Committee Member: Signature:.....

Thesis Committee Member: Signature:.....

Proposed list of courses in the graduate program (indicate semester):

Graduate advisor's signature:.....Date.....

To be completed following the 2nd placement exam

2nd Placement Exam:..... Score.....

Remedial courses.....To be completed by.....

Deadline for advancement to candidacy (if passed 3rd semester in residence):.....

Graduate advisor's signature:.....Date.....

Student's signature.....