

# Student Activity Plan for Academic Year

20\_\_-20\_\_

Student's Name \_\_\_\_\_

Telephone \_\_\_\_\_

Advisor \_\_\_\_\_

Email \_\_\_\_\_

Degree sought \_\_\_\_\_

Number of years in the program \_\_\_\_\_

Have you had your plan of study approved? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a copy. If no, when do you plan to have the program of study's meeting? \_\_\_\_\_

Courses you plan on taking this year:

Fall 20\_\_

Spring 20\_\_

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Research interests \_\_\_\_\_

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Career Goals \_\_\_\_\_

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Are you currently receiving funding? No Yes If yes, what is the source?

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Professional Memberships \_\_\_\_\_

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Research goals for the 20\_\_-20\_\_ school year (list paper presentations such as AERA, NCME, AEA, etc., workshops, articles submitted for publication)

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I plan on taking my comprehensive examination in the fall/spring of 20\_\_.

(Circle one)

My goal is to graduate in the fall/spring/summer of 20\_\_.

(Circle one)

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Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's signature

\_\_\_\_\_  
Date