



THE UNIVERSITY *of* NORTH CAROLINA
GREENSBORO
THE GRADUATE SCHOOL

MASTER'S or Ed.S. PLAN OF STUDY

School/Department: _____ Date: _____

Student's Name: _____ ID: _____
(please print)

Degree: _____ Major: _____

Concentration: _____

Student's Signature: _____

This course work proposal has been approved by the following advisor and/or committee:

Please sign below, and **print name under signature line**:

Advisor/Committee Chair: _____

Member: _____ Member: _____

Department Chair or Director of
Graduate Study: _____ Date: _____

This Plan of Study must be filed with The Graduate School. Any changes made to this plan must bear signatures of all individuals listed above and must be filed with The Graduate School. The Graduate School will check the student's academic record against this Plan of Study when the student applies for graduation.

Original to The Graduate School

- c: Department Chair/Head
- Advisor/Committee Chair
- Student

ORIGINAL PLAN OF STUDY: _____ **REVISED PLAN OF STUDY:** _____

SUMMARY OF HOURS REQUIRED FOR DEGREE:

UNCG _____ Transfer _____ Total Hours Required for Degree _____

MAJOR AREA OF STUDY:

| Course Number | Course Title | Credit Hours | Semester/Year Taken |
|---------------|--------------|--------------|---------------------|
|---------------|--------------|--------------|---------------------|

RESEARCH:

| Course Number | Course Title | Credit Hours | Semester/Year Taken |
|---------------|--------------|--------------|---------------------|
|---------------|--------------|--------------|---------------------|

SUPPORTING COURSES:

| Course Number | Course Title | Credit Hours | Semester/Year Taken |
|---------------|--------------|--------------|---------------------|
|---------------|--------------|--------------|---------------------|

COURSES RECOMMENDED FOR TRANSFER FROM: _____

(Name of institution. Attach final, official transcript.)

| Course Number | Course Title | Credit Hours | Semester/Year Taken |
|---------------|--------------|--------------|---------------------|
|---------------|--------------|--------------|---------------------|

CAPSTONE EXPERIENCE TO CONSIST OF:

FOREIGN LANGUAGE REQUIREMENT TO BE MET BY:

COURSES REQUIRED BUT NOT COUNTED TOWARD DEGREE (include prerequisites):

| Course Number | Course Title | Credit Hours | Semester/Year Taken |
|---------------|--------------|--------------|---------------------|
|---------------|--------------|--------------|---------------------|

ADDITIONAL REQUIREMENTS: