

Student's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Concentration: \_\_\_\_\_

## MASTER'S (Ed.S.) PLAN OF STUDY

Preliminary Plan: \_\_\_\_\_ Final Plan: \_\_\_\_\_

Summary of Hours Required for Degree: UNCG \_\_\_\_\_ Transfer \_\_\_\_\_ Total \_\_\_\_\_

### 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 REQUIRED BUT NOT COUNTED TOWARD DEGREE** (include prerequisites):

| 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 |
|---------------|--------------|--------------|---------------------|
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**CAPSTONE EXPERIENCE TO CONSIST OF:**

**FOREIGN LANGUAGE REQUIREMENT TO BE MET BY:**

**ADDITIONAL REQUIREMENTS:**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved by:**

Director of Graduate Study or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_