

PRELIMINARY PLAN OF STUDY
ACCELERATED BACHELOR'S/MASTER'S DEGREE PROGRAM

Print in Ink

Date _____ Name _____

Last four of S.S.# _____

Undergraduate Major _____ Degree _____

Undergraduate Department _____

Core Courses for Bachelor's degree:

Course Name	# of hours	Course Name	# of hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Graduate Major _____ Degree _____

Graduate Department _____

Courses for Master's degree:

Course Name	# of hours	Course Name	# of hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Undergraduate Advisor Name (Please print) _____

Undergrad Advisor Signature _____ Date _____

Graduate Coordinator Approval _____ Date _____

Graduate School Dean Approval _____ Date _____