



# WPI

Student ID Number \_\_\_\_\_ **Plan of Study (GC or AC)**

**Online**

**Directions:** After consultation with and approval by the advisor, each admitted student must file a formal Plan of Study (Part I) with the Department within the first semester of study. Program modifications (Part II) must also be discussed with and approved by the advisor. It is the student's responsibility to be sure the Plan of Study and any subsequent changes are approved by the advisor, recorded on this form and submitted to the Department. *(Please print or type)*

## PART I

Your Name as you would like it to appear on the Certificate: \_\_\_\_\_

Department of Graduate or Advanced Certificate Study: \_\_\_\_\_ Concentration: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Advisor Approval: \_\_\_\_\_

Assigned by Department

Signature

Date

**Plan of Study: (minimum 4 courses required for Graduate Certificates, 5 courses required for Advanced Certificates)**

|    | Course Number | Course Title | (Actual Grade) | Semester Proposed | Registrar Office Use Only |
|----|---------------|--------------|----------------|-------------------|---------------------------|
| 1. | FP            |              |                |                   |                           |
| 2. | FP            |              |                |                   |                           |
| 3. | FP            |              |                |                   |                           |
| 4. | FP            |              |                |                   |                           |
| 5. | FP            |              |                |                   |                           |

**Part II - Program Modification:** If you have added or deleted any courses from the original plan of study please indicate here. Changes require the advisor's signature.

| ADD | Course Number | Course Title | (Actual Grade) | Semester Proposed | Registrar Office Use Only |
|-----|---------------|--------------|----------------|-------------------|---------------------------|
|     | FP            |              |                |                   |                           |
|     | FP            |              |                |                   |                           |

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

| DELETE | Course Number | Course Title | (Actual Grade) | Semester Proposed | Registrar Office Use Only |
|--------|---------------|--------------|----------------|-------------------|---------------------------|
|        | FP            |              |                |                   |                           |
|        | FP            |              |                |                   |                           |

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part III - Certificate Completion:** Upon completion of the certificate requirements, please obtain the following signatures and forward the original to the Registrar's Office. Upon receipt of this form, an official certificate will be issued, with a copy forwarded to the department for the student's file.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Address you would like your certificate mailed to:**

Graduate Office use only:

\_\_\_\_ A Certificate of Graduate Study      \_\_\_\_ A Certificate of Advanced Graduate Study  
has been awarded to (student name) \_\_\_\_\_

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date