

Program of Study
Graduate Certificate, Interdisciplinary Studies
Power Systems Management

Worcester Polytechnic Institute

Student Information: Name: _____ Phone: _____
 SSN/ID: _____ E-mail: _____

Instructions for preparing the Plan of Study:
In the table below, please list the courses you plan to take. Please sign form and submit it to the Graduate Admissions Office with your application.

In this section, list 18 credits of future coursework to fulfill the requirements of the Graduate Certificate in Power Systems Management.

Power Systems

Management

Course #	Course Name	Credits

Course #	Course Name	Credits

Student Signature: _____ Date: _____

Advisors:
Advisors will review the entire Application for Admission to Graduate Study. The signature of each advisor on the applicant’s Plan of Study represents approval of the selected coursework for the degree program and a recommendation for admission to the Graduate Certificate in Power Systems Management.
Advisors

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date

I do not recommend this student for admission in into the interdisciplinary degree program:

Advisors

_____	_____	_____
Print Name	Signature	Date