



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

ADLN

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: _____ Assigned by Department
 Advisor Approval: _____ 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 _____