PROGRAM OF STUDY FOR A GRADUATE DEGREE

Revised 10/10/10

☐ New
☐ Revised
☐ Second Master's

Appalachian State University – Cratis D. Williams Graduate School

Name of Student:_____ Banner ID:_____ ASUEmail:_____

Department:_____ Entry Year/Term:_____

Degree:_____ Major:_____ Major Code:_____

Concentration (if applicable):_____ Conc. Code:_____

Minor (if applicable):_____ Minor Code:_____

Office Use Only	Dept. Abbr.	Course #	Course Title	Credit Hrs.	Office Use Only			Office Use Only
	Dept Abbr	Course #	TRANSFER Course Title Transfer credit must meet all requirements	Credit Hrs.				Institution
			Total hours listed for credit for the degree					
Notes/Prereqs								

I expect to complete degree requirements by the date_____. I understand that additional course work may be added to this proposed program of study by my advisor, if such additional work is needed to correct deficiencies in my academic preparation. I understand that all substitutions must be approved by my program and by the Graduate School.

Student Signature:_____ Date:_____

Approval:

Department Chair/Program Director (sign and print):_____ Date:_____

Advisor/Committee Chair:_____ Member 2(Opt.): _____ Member 3(Opt):_____

Printed Name_____ _____ _____

Graduate School Approval:_____ Date:_____

Before submitting to the Graduate School, please check that the program meets academic requirements outlined in the Bulletin for the term of entry indicated above. If another bulletin is requested please indicate the Bulletin Year:_____

Advisor or Program Director: Attach an explanation for any substitutions for required coursework.