

# NORTH CAROLINA STATE UNIVERSITY

THE GRADUATE SCHOOL

## MASTER'S PLAN OF GRADUATE WORK

Date \_\_\_\_\_

For \_\_\_\_\_  
Last Name First Middle Student Identification Number

Degree Sought \_\_\_\_\_ Date Expected \_\_\_\_\_  
Month Year

School \_\_\_\_\_

Major \_\_\_\_\_ Minor(s) \_\_\_\_\_

Modern Language (if required) \_\_\_\_\_

Subject of Thesis (if required) \_\_\_\_\_

Approved for the Department by \_\_\_\_\_

### Advisory Committee

\_\_\_\_\_  
Typed Full Name Initials Signature (Chair)

\_\_\_\_\_  
Typed Full Name Signature (Co-Chair, if any)

\_\_\_\_\_  
Typed Full Name Signature (Minor Representative)

\_\_\_\_\_  
Typed Full Name Signature (Member)

\_\_\_\_\_  
Typed Full Name Signature (Member)

\_\_\_\_\_  
Typed Full Name Signature (Member)

\_\_\_\_\_  
Typed Full Name Signature (Member)

\_\_\_\_\_  
Signature (Student)

Approved \_\_\_\_\_  
Graduate School

Master's students' plans may be filed in the department/program graduate office and/or via GARS before completion of half of the course work required in the program.

(OVER)



**GRADUATE COURSES COMPLETED AT OTHER INSTITUTIONS FOR WHICH TRANSFER CREDIT IS REQUESTED TOWARD A MASTER'S DEGREE**

Institution	Number and Name of Course	Date	Credits	Grade

**GRADUATE WORK PROPOSED**

Course Prefix and Title	Credits	Term	Grade

**MINOR COURSES**


Please attach a complete list of courses for which graduate credit has been received at other colleges or universities.