

PLEASE TYPE

PLEASE TYPE

THE GRADUATE SCHOOL
Auburn University

Date _____

Degree _____

PROPOSED PLAN OF STUDY
for MASTER S DEGREE
SEMESTER VERSION

SSN/SID _____

Curriculum _____

Thesis _____ Non-Thesis _____

Name _____, _____ M.I.
Last First

ADVISORY COMMITTEE (Minimum of 3 for thesis option)

Major Professor (typed)

Major Professor (signature)

Committee Member #1 (typed)

Committee Member #1 (signature)

Committee Member #2 (typed)

Committee Member #2 (signature)

Committee Member #3 (typed)

Committee Member #3 (signature)

Head of Department Signature

Dean of Graduate School Signature

AUBURN UNIVERSITY SEMESTER GRADUATE COURSES

Dept. & Course No.	Course Title	Year & Sem	Credit Hours	S E M E S T E R S	Dept. & Course No.	Course Title	Year & Sem	Credit Hours	

TRANSFER CREDIT, including credits from senior year, if any. See Bulletin for regulations concerning transfer of graduate credit. No credit will be approved without an official transcript.

Institution	Course Title	Dept. & Course No.	Year & Term of Course	Qtr Credit Hours	Sem Credit Hours

TOTAL SEMESTER CREDIT HOURS _____
 (Auburn semester credit hours plus transfer semester credit hours)

FOUNDATION COURSES
 (Do not count in total semester credit hours required for degree minimum)

Department & Course Number	Course Title	Year & Semester	Credit Hours

----- *Submit two copies with signatures to the Graduate School* -----
 (The second copy will be returned to your department upon Graduate School approval)