



DIVISION of ACADEMIC AFFAIRS
School of Graduate Studies

**PROPOSED SCHEDULE OF GRADUATE COURSES
AND TIMETABLE FOR GRADUATION***

Name of Student: _____ Student's ID Number: _____

Degree and Program: _____ Concentration :(AOS if applicable)_____

Faculty Advisor: _____ Proposed/ Expected Graduation Date:_____

Advisor's Signature: _____ Student's Signature: _____ Date:_____

Please specify semester/ session (Fall, Spring, Summer I, II, III) Year_____

Course No.	Course Title
_____	_____
_____	_____
_____	_____

Semester/Session:	Course Title	Year:
Course No.	_____	_____
_____	_____	_____
_____	_____	_____

Semester/Session:	Course Title	Year:
Course No.	_____	_____
_____	_____	_____
_____	_____	_____

(Semester/ Session continued on reverse side of page)

Other requirements for graduation (please check):

Master's Project _____ Research Paper _____ Oral Presentation: Yes _____ No _____

Seminar Paper _____ Internship _____ Thesis _____

Proposal Defense _____ Comprehensive Examination _____ Dissertation _____

Comments:

Note: Courses might not be offered in the order listed. This form is intended to serve as a guide to the schedule of courses that the student should take during his/ her residency in the program.

NAME _____

Student ID Number _____

Semester/Session:
Course No.

Course Title

Year:

Semester/ Session:
Course No.

Course Title

Year:

Semester/ Session:
Course No.

Course Title

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Year:
