Master of Science (MS) Plan of Study

Name		Student ID 9 digit#			
B.S. Major		-			
B.S. Institution		B.S. Graduation Date			
FAMU FSU International	Domestic	GRE FE PE	TOEFL		
Tentative Thesis Title					
Expected Graduation Date		Email			
Student	Printed Name	Signature			
Advisor/Committee Member 1	Printed Name	Advisor Signature			
Committee Member 2	Printed Name	Signature			
Committee Member 3	Printed Name	Signature			
Committee Member 4	Printed Name	Signature			
* Your Grad Rep will	request <u>Departmen</u>	t <u>Signatures</u> via DocuSign)			
Graduate Coordinator	Printed Name	* Signature			
Department Chair Printed Name		* Signature			
ded to GST (FSU) or Plan of Study	BY DEPARTMENT G	RADUATE REPRESENTATIVE AT F Defense Outcom rtification form			
Committee entered/approved in GST (F eted Final Term Degree Clearance Che		MU) Grad Rep Printed Name	Grad Rep Initia		

Proposed Course Work as Partial Fulfillment of the MS Degree Option

	Course Number and Title	Credits	Grade	Semester	Transfer?
Articulation,					
Transfer,					
Supplemental,					
or Other Courses					
(# of Credit Hrs)					
Depth/Specialty Area (12-15 credit hours)					
Supplementary					
Electives (6-9 credit hours)					
Advanced Math (3 credit hours)					
Responsible Conduct of	Research (RCR) Training (if required)				
CGN 5935 Graduate Sen	ninar (0 credit)				
CGN 5971 Thesis (6 cred	its)				
	Total Number of Credit Hour	s			

Check list for Plan of Study:

The Plan of Study form page 1 with Committee member printed names and signatures.

The Proposed Course Work table page 2 reflecting all required hours for Graduation (minimum 30 credit hrs)

Attach a one-page abstract of the proposed thesis topic

IMPORTANT: According to the current CEE Handbook guidelines your MS Plan of Study should be submitted to the Department at the end of your first semester or upon the completion of 9 credit hours.

Ver. 01_2021 Date Submitted to Dept