



296 Eberhart Building
 321 McIver Street
 Greensboro, NC 27412
 336-334-5014 *phone*
 336-334-5066 *fax*

Student's Name: _____ Date: _____

Student ID Number: _____

Concentration: _____

Expected Graduation Date: _____

MASTER'S PLAN OF STUDY

Summary of Hours Required for MA Degree: UNCG _____ Transfer _____ Total _____
 Transfer Credits if counting toward MA only

Major Area of Study: (Area of Specialization)

Course Number	Course Title	Credit Hours	Semester/Yr. Taken
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RESEARCH: (Thesis Hours)

Course Number	Course Title	Credit Hours	Semester/Yr. Taken
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RESEARCH TOOLS: (Statistics and Research Methods)

SUPPORTING COURSES (Electives)

Course Number	Course Title	Credit Hours	Semester/Yr. Taken
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PRACTICA:

**CAPSTONE EXPERIENCE TO CONSIST OF
(THESIS):** (successful completion of core courses)

COURSES REQUIRED BUT NOT COUNTED TOWARD DEGREE {include prerequisites):
(for example, undergraduate courses to correct deficiency)

Course Number	Course Title	Credit Hours	Semester/Yr. Taken
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COURSES RECOMMENDED FOR TRANSFER FROM: _____

(Name of Inst. Attach Final transcript)

Course Number	Course Title	Credit Hours	Semester/Yr. Taken
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ADDITIONAL REQUIREMENTS:

Student's Signature: _____ Date: _____

Approved by Committee:

Major Advisor: _____ Date: _____

Committee Member: _____ Date: _____

Print Name: _____

Committee Member: _____ Date: _____

Print Name: _____

Dir. Of Graduate Studies: _____ Date: _____