INDIVIDUALIZED GRADUATE PROGRAM
Plan of Study PROPOSAL

Name: _____ SS# _____

Address: _____

Telephone: _____Email: _____

Title:

Purpose:

Brief statement indicating why no presently available graduate program is suitable for the proposed plan of study.

	Course Designation and Number	Course Title	Credits
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Total credits_____

Comprehensive Exam/ Capstone Yes _____ No _____

Approvals:

Student's Signature	Date	Advisor's Signature	Date
Chair's Signature/Dept	Date	Associate Dean's Signature	Date
Chair's Signature/Dept	Date		

8/08