

GRAMBLING STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES AND RESEARCH
PLAN OF STUDY

Student Name: _____

Soc. Sec. No. _____

Address: _____

Phone: (____) _____

City: _____ State: _____ Zip: _____

Degree Information:

UG _____ Yr. _____ Major/Institution _____
GR _____ Yr. _____ Major/Institution _____
GR _____ Yr. _____ Major/Institution _____

GRE: Verbal _____ Quantitative _____ Analytical _____ (V&Q) _____
GMAT: Total _____ Date: _____ TOEFL Total _____ Date: _____

Admission Status:

Regular Date: _____
Conditional Date: _____
Provisional Date: _____

College: _____ Department: _____

Degree: _____ Certification Program: Yes ____ No ____

Major Area: _____ Specialization: _____

I. Program Core

| Course No. | Titles | Sem. Hrs. | Grade | Quality Points | Sem/Year Taken | GSU or Transfer |
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II. Program Specialization

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III. Electives

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IV. English Proficiency and Foreign Language Requirements

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Total Hours Proposed: _____

Expected graduation date: _____

Total Hours Required: _____

Signatures:

Student Date

Advisor Date

Department Head Date

College/School Dean Date

Graduate Dean Date