

**SCHOOL OF GRADUATE SCHOOL STUDIES  
MASTER'S DEGREE ADVISEMENT PLAN**

Name:	Laker ID #:
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Telephone:	Email:
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Master's Degree to be earned:	Concentration(s):	Date of Expected Graduation:
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1<sup>st</sup> Semester of Enrollment in Graduate Program (Catalog Year):

**A. Any approved courses transferred from other Institutions. Note: Students must submit completed Transfer Request form by end of first semester of enrollment**

Institution	Course Number	Course Title	Semester Hours	Semester Completed	Grade

**PROGRAM PLAN FOR THE MASTER'S DEGREE**

(List TOTAL degree program, with dates completed or planned and grades for those completed.)

**B. Courses at Clayton State University**

Course Number	Course Title	Semester Hours	Semester Planned	Semester Completed	Grade

TOTAL HOURS:					

Required for Graduation	Yes	No	Completed
Thesis			
Capstone Course			
Internship/Practicum			
Other (Please specify):			

SPECIAL CONDITIONS:

APPROVED:

\_\_\_\_\_  
 Student Date

\_\_\_\_\_  
 Program Director/Academic Advisor Date