

**PROGRAM OF GRADUATE STUDY FORM – YEAR 1**

**To be completed during the 1<sup>st</sup> week of instruction**

Name:.....ID#.....

Undergraduate degree.....School.....

Remedial courses:.....To be completed by.....

1<sup>st</sup> Placement Exam:.....Score.....

Remedial courses.....To be completed by.....

Courses to be taken during the first semester:.....

**To be completed by the 12<sup>th</sup> week of instruction**

Additional Placement Exam(s).....

Thesis advisor:..... Signature:.....

Thesis Committee Member: ..... Signature:.....

Thesis Committee Member: ..... Signature:.....

Proposed list of courses in the graduate program (indicate semester):

Graduate advisor's signature:.....Date.....

**To be completed following the 2<sup>nd</sup> placement exam**

2<sup>nd</sup> Placement Exam:..... Score.....

Remedial courses.....To be completed by.....

Deadline for advancement to candidacy (if passed 3<sup>rd</sup> semester in residence):.....

Graduate advisor's signature:.....Date.....

Student's signature.....