

SAD 130, Box 2201
 Brookings, SD 57007
 (605) 688-4181
 Return to Graduate School

Complete plan of study in conjunction with major advisor and return to the Graduate School. **Plan of study must meet catalog requirements set forth by the department.** When approved, a copy will be sent to the student and major advisor. The student will be held to these courses and requirements unless a change of plan of study is submitted and approved by the Graduate School Dean.

Name _____
Last First Middle Initial Maiden Name

ID# _____ Advisor: _____

Major _____ Specialization _____

_____ 60-Credit Plan _____ 90-Credit Plan _____ DNP

Coursework Overview

| Course Prefix | Course # | Course Title | Credits |
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**Please indicate proposed transfer credits by listing the institution after the course title. Use the course number and name as it appears on the transcript. Transfer approval is contingent upon the Graduate School receiving official transcripts from colleges/universities and courses meeting all transfer requirements.

Student Signature _____
Typed Name Signature Date

Major Advisor/Chair _____
Typed Name Signature Date

Department Representative _____
Typed Name Signature Date

Department Representative _____
Typed Name Signature Date

Department Representative _____
Typed Name Signature Date

Graduate Faculty Representative _____
Typed Name Signature Date

Graduate School Approval _____ Date _____