

**MASTER'S PLAN OF STUDY FORM**

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 in plan of study is submitted and approved by the Graduate School Dean.

Name \_\_\_\_\_ ID# \_\_\_\_\_  
Last First Middle Initial Maiden Name

Degree: \_\_\_\_\_ MS \_\_\_\_\_ MEd \_\_\_\_\_ MA \_\_\_\_\_ MMC \_\_\_\_\_ MArch \_\_\_\_\_ MPH \_\_\_\_\_ MEng

Program \_\_\_\_\_ Specialization \_\_\_\_\_

Graduate Certificate (If Applicable) \_\_\_\_\_

\_\_\_\_\_ Option A (Thesis) \_\_\_\_\_ Option B (Research/Design Paper) \_\_\_\_\_ Option C (Coursework) \_\_\_\_\_ Option D (coursework)

Advisor: \_\_\_\_\_

**Coursework Overview**

Course Prefix	Course #	Course Title	Credits

\*\*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's Signature \_\_\_\_\_ Date \_\_\_\_\_

Major Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Must have Graduate Faculty Status)

Graduate School Dean: \_\_\_\_\_ Date: \_\_\_\_\_