## CLAYTON STATE UNIVERSITY-GRADUATE SCHOOL MASTER'S DEGREE PLAN

Name:						ID #:				
Mailing Address:			City:	Sta	nte:	Zip Code:				
Telephone:		Work/Cell: Email:								
Bachelor's Degree Held:	Major:					Date Conferred:				
Institution Conferring Degree:										
Master Degree Held:	Major:	Major:			Date Confe					
<b>Institution Conferring Degree:</b>										
Doctoral Degree Held:	ctoral Degree Held: Major:				Date C	Date Conferred:				
<b>Institution Conferring Degree:</b>	•									
Semester Admitted to the Grad	uate School:									
Master's Degree to be earned:	Major:		Minor:		D: G	ate of Expected raduation:				

PROGRAM PLAN FOR THE MASTER'S DEGREE (List TOTAL degree program, with dates completed or planned and grades for those completed.)

		Course Number					Semester Hours	Semester Completed	Grade
	roved pre-requisite course	to be taken l	before starting de	egree p	rogram coursework		_		
Course Number			Course Title			Semester Hours	Semester Planned	Semester Completed	Grade
<u>.                                    </u>									
C. Cou	rses at Clayton State Unive					Semester	Semester	Semester	1
Numbe		•	Course Title			Hours	Planned	Completed	Grade
	1				TOTAL HOURS:				
Names o	of Advisory Committee:								
APPF	ROVED:	I				I			
_	Major Professor		Date						
_	Chair/Director/Associate De	ean	Date						
	Graduate Dean		Date						