

Readmission Degree Plan

Student Name: _____ Laker ID: _____

Status (Select One): _____ Readmission following Suspension _____ Readmission following Dismissal

Graduate Degree to be earned: _____ Concentration(s) if applicable: _____

Catalog Year (Based on 1st semester of enrollment in graduate program): _____

Degree Plan Overview (Please comprehensively summarize the proposed plan):

Program Plan for Successful Completion of Master’s Degree Upon Readmission

Semester Planned	Course Number	Course Title	Credit Hours	New or Retake?

Signatures:

Student Date Graduate Program Director Date

Dean, School of Graduate Studies Date