CLAYTON STATE UNIVERSITY-GRADUATE SCHOOL
MASTER'S DEGREE PLAN

Name:	**ID #:**

Mailing Address:	**City:**	**State:**	**Zip Code:**

Telephone:	**Work/Cell:**	**Email:**

Bachelor's Degree Held:	**Major:**	**Date Conferred:**

Institution Conferring Degree:

Semester Admitted to the Graduate School:

Master's Degree to be earned:	**Major:**	**Minor:**	**Date of Expected Graduation:**

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

A. Approved courses to be transferred from other Institutions.

Institution	**Course Number**	**Course Title**	**Semester Hours**	**Date Completed**	**Grade**

B. Courses at Clayton State University

Course Number	**Course Title**	**Hours**	**Date Completed**	**Grade**
	TOTAL HOURS:			

Names of Advisory Committee:			

APPROVED:

Major Professor Date

Chair/Director/Associate Dean Date

Graduate Dean Date

Created on 10/9/2007 2:20:00 PM