



Plan of Study

Master of Science Degree

Name of Specialization _____

Name _____ Student ID# _____

Course Number	Course Name	Hours	Sem	Year	If Transfer indicate Grade

Proposed graduate date _____

Signatures

Student _____ Date _____

Advisor _____ Date _____

A degree is not the same as certification!

PLAN SUBJECT TO CHANGE BASED ON COURSE AVAILABILITY AND CHANGES IN
PROGRAM RQUIREMENTS MADE BY OKLAHOMA REGEENTS FOR HIGHER EDUCATION