PLAN OF STUDY

WEST VIRGINIA UNIVERSITY
HEALTH SCIENCES GRADUATE PROGRAMS

Name _____ WVU ID# _____

Graduate Program _____ Degree Sought _____

I understand that I am beginning my MS_____ PhD_____ MSN_____ MPH_____ DSN_____ degree on ____/____/____

Proposal_____ Dissertation _____ Thesis _____ Paper_____ Practicum _____

Title

I am expecting to complete this degree on _____/_____/_____.

_____ _____
Signature of Student Signature of Committee Chairperson

COURSES TAKEN AT WEST VIRGINIA UNIVERSITY

Course #	Course Title	Hrs.	Grade	Semester

Total Credit Hours Needed for Degree: _____

Credit Hours at 600 Level: _____ % of Total _____

Credit Hours at 700+ Level: _____ % of Total _____

FOR COURSES FROM OTHER INSTITUTIONS, YOU MUST GET THE TRANSIENT APPLICATION FORM APPROVED BEFORE ENROLLING IN TRANSIENT COURSES

Department and No.	**Course Title**	**Hrs.**	**Equivalent to WVU Courses** (if not equivalent or unknown, leave blank)	**Semester and year**

_____ _____
* Student

_____ _____
* Adviser

_____ _____
* Dean of School or Designate

_____ _____
* Health Sciences Grad. Prog's Office

_____ _____/_____/_____
* Date Approved by HSGPO

_____
Major Chairperson

Date Approved by Committee: _____/_____/_____

* Please type name of committee directly under the line where the committee member will sign his/her name.