Name | Student ID
---|---
Program | Degree
Arts Administration | M.A.
Anticipated Graduation Date | Sem/Yr Plan of Study Began

List only those courses that are needed to fulfill your program degree requirements and will be completed within the required time limit.

<table>
<thead>
<tr>
<th>Graduate Courses</th>
<th>Graduate Courses</th>
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<tbody>
<tr>
<td>Prefix</td>
<td>Course #</td>
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</tbody>
</table>

Special Conditions (if applicable) | N/A
---|---
Date Language Completed | Language Satisfied By
N/A | N/A

Thesis Option | Non-Thesis Option
---|---
N/A | X

I understand that I must complete the plan listed above in order to fulfill the requirements for my graduate degree. Any changes to the above plan must be approved in writing by the major program and the Graduate School.

Signature of Applicant | Date | Major Professor | Date
---|---|---|---
Graduate Coordinator | Date | Department Chair | Date

College Approval

Dean of the College | Date
---|---