## Plan of Study for Master's or Post-Master's Programs

Complete this form, obtain approval from your graduate committee, and submit to your department. Keep a copy for your records before submitting to the department.

Name				Tech ID			
Mailing Address							
Email Address	Phone Number						
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Program Title							
Planned Capstone Experience	Thesis	APP	Portfolio Proj		Project	Othe	
	Progra	am Cours	ework				
Dept & Course No.	Title			Number of Credits	Semester & Year	Transfer Course, Credits?	
Note: If research for your cap	ostone project involves research.mnsu.edu/ins	human or o stitutional-r	animal subjects eview-board/p	, refer to th roposals/	e IRB informa	tion at https://	
otal Credits:							
approval of Graduate Committee	and the department's (	Graduate F	Program Coord	inator			
		2					
Advisor/Chair of Committee	Date		Department's G	Fraduate Progr	ram Coordinator	Date	
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Committee Member	Date	,	С	ommittee Mer	mber	Date	