Plan of Study

Minnesota State University, Mankato
College of Graduate Studies and Research

Master’s or Post-Master’s Plan of Study

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

Name ____________________________________ Tech ID ______________________

Mailing Address ______________________________________________________

Email Address _____________________________________ Phone # ________________

Degree: MS _____ MA _____ MFA _____ MSN _____ MM _____ MBA _____ MAT _____

Sixth Year Certificate _____ Specialist _____ Major ______________________________

Intended Capstone Experience: Thesis _____ APP _____ Portfolio _____ Creative Project _____

Design Project _____ Other ______

Note: If research for the Capstone Project involves human subjects, refer to the IRB Information at http://www2.mnsu.edu/graduate/IRB/IRB.htm, or at the Graduate College Office.

Program Coursework

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*Tr. = Transfer Courses

Total Credits Listed for the Degree ___________________ Student’s Signature ___________________ Date __________

Approval of Graduate Committee and Graduate Coordinator of Department:

1. ______________________________________  3. ___________________________ Third Committee Member (if required) Date

Advisor/Chair of Committee Date

2. ______________________________________

Second Committee Member Date

Graduate Coordinator of Department Date