PROGRAM OF STUDY FORM
School of IPAT

Candidate: _____ Degree: _____

790#: _____ Email address: _____

This program outline should be completed by the end of your first year in the program, approved by your advisor and the Graduate Coordinator. Please *word process* this form. All graduate students must complete degree course requirements for their specific option. Any deviation from the recommended degree course requirements, excluding degree electives which can be determined in consultation with your advisor, must be formally petitioned to the IPAT Graduate Committee.

Core Courses:

Dept Abbr.	Course #	Course Title	Credits

Elective Courses:

Dept Abbr.	Course #	Course Name	Credits

Total Credits _____

_____ _____
Student Date

_____ _____
Advisor Date

_____ _____
Graduate Program Coordinator Date

At least half the credits required for your degree (excluding a combined total of 10 semester credits for thesis and research) must be ≥500 level. To apply this rule, subtract the number of thesis and research credits (up to 10 credits) from the total credits, half the remaining credits must be in courses at the ≥500 level.