

**GRAMBLING STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES AND RESEARCH
PLAN OF STUDY**

Student Name: _____

Soc. Sec. No. _____

Address: _____

Phone: (____) _____

City: _____ State: _____ Zip: _____

Degree Information:
 UG _____ Yr. _____ Major/Institution _____
 GR _____ Yr. _____ Major/Institution _____
 GR _____ Yr. _____ Major/Institution _____

GRE: Verbal _____ Quantitative _____ Analytical _____ (V&Q) _____
 GMAT: Total _____ Date: _____ TOEFL Total _____ Date: _____

Admission Status:
 Regular Date: _____
 Conditional Date: _____
 Provisional Date: _____

College: _____ Department: _____
 Degree: _____ Certification Program: Yes _____ No _____
 Major Area: _____ Specialization: _____

I. Program Core

Course No.	Titles	Sem. Hrs.	Grade	Quality Points	Sem/Year Taken	GSU or Transfer

II. Program Specialization

III. Electives

IV. English Proficiency and Foreign Language Requirements

Total Hours Proposed: _____

Total Hours Required: _____

Expected graduation date: _____

Signatures:

Student Date

Advisor Date

Department Head Date

College/School Dean Date

Graduate Dean Date