

**Shepherd University**  
**Division of Graduate Studies**

Plan of Study

To be completed with the advisor or graduate program coordinator.

Student Name

Cell Number  Home Phone  SU Email

Other Email  Advisor

Degree Program  Area of Emphasis

---

Term and year you plan to graduate

This proposed graduation date must be 7 years from date of completion of first course applied to degree. NOTE: This declaration of intent to graduate does not mean you are automatically on the graduation list – you must pay the required fees at the [Cashier's](#) office, have your advisor sign the form, and return to the Registrar's office. (<http://www.shepherd.edu/wordpress-1/wp-content/uploads/2015/04/graduation-application.pdf>) If you miss the noted deadline date, you must fill out a [Petition](#) to the Graduate Council with a letter of explanation, acquire all needed signatures, and send the final form to the Registrar's office.

Graduate Catalog of Record (Year): This is the catalog that is current for the semester/term during which you were admitted to your graduate degree program. You may choose a more recent catalog as your catalog of record.

Are you submitting a Thesis, a comprehensive exam, or culminating research project as part of your degree requirements?

☐ YES ☐ NO

If YES, and if your Thesis/or completed comps involves human subject research, you must review the requirements of the Shepherd University [Institution Research Board](#) (IRB) BEFORE you begin any data collection.

THE PURPOSE OF THIS PLAN OF STUDY IS TO DETAIL YOUR PROGRAM REQUIREMENTS FROM START TO FINISH. IT SHOULD INCLUDE ONLY THOSE COURSES REQUIRED BY YOUR DEGREE PROGRAM AND MAY INCLUDE ELECTIVE COURSES. PLEASE REFER TO YOUR GRADUATE CATALOG OF RECORD FOR PROGRAM REQUIREMENT WHEN COMPLETING THIS FORM.

As you list your courses, please include courses currently in progress as well as courses already completed. If you have any transfer courses, you must attach a completed Application for Approval to [Transfer Graduate Credit](#) to this Plan of Study.

NOTE: Your Advisor, Program Coordinator, and the Graduate Dean MUST approve in writing any change in coursework or completion date on this Plan of Study.

List below graduate courses currently in progress or COMPLETED.

Subject & Course No.	Course Title	Date Completed	Instructor	Credit Hrs.	Grade

LIST below graduate courses PROPOSED.

NOTE: If you are planning to transfer coursework from another institution, the Graduate Studies office must have the official transcripts on file before the end of your final semester/term. If we do not have these documents your graduation will be delayed.

Semester:				
Subject & Course No.	Course Title		Credit Hrs.	Grade

Semester:				
Subject & Course No.	Course Title		Credit Hrs.	Grade

Semester:				
Subject & Course No.	Course Title		Credit Hrs.	Grade

Semester:			
Subject & Course No.	Course Title	Credit Hrs.	Grade

Semester:			
Subject & Course No.	Course Title	Credit Hrs.	Grade

Semester:			
Subject & Course No.	Course Title	Credit Hrs.	Grade

Semester for Comprehensive Examination

---

SIGNATURES

\_\_\_\_\_  
Student Signature

Date

*Faculty Signatures*

\_\_\_\_\_  
Advisor Signature

Date

\_\_\_\_\_  
Graduate Program Coordinator Signature

Date

**Please return your completed form to:**

**The Graduate Studies Office  
PO Box 5000/Room 212  
Shepherdstown, WV 25443**

**NOTE: This form must be approved and on file in the Graduate Studies office before you apply for graduation**