EASTERN KENTUCKY UNIVERSITY

THE GRADUATE SCHOOL – CPO 68, SSB 310

PLANNED PROGRAM FORM

(Student's Name) (Soc. Sec. No.) (Street) (City) (State) (Zip)

Degree _____ with an emphasis in _____

Signature of Advisor/Date: _____

Undergraduate Prerequisites (if appropriate)

Course Number and Title	Credit Hours	Grade	Date Completed	Changes/Comments

TRANSFER OF CREDIT (if appropriate)

Institution	Course Number and Title	Credit Hours	Grade	Date Completed	Changes/Comments

EKU GRADUATE CREDIT

Course Number and Title	Credit Hours	Grade	Date Completed	Changes/Comments

TOTAL GRADUATE PROGRAM HOURS _____ Anticipated Date of Graduation _____.

THESIS Required ☐Yes☐No LANGUAGE FORM Required ☐Yes ☐No STATISTICS FORM Required ☐Yes ☐No

APPROVED:

_____ _____

Department Chair/Date Dean, Graduate Studies and Research/Date

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TIME LIMIT: THIS PROGRAM MUST BE COMPLETED BY _____ TO AVOID LOSING COURSE CREDITS.

PROGRAM CHANGES MUST BE APPROVED USING THE APPLICATION FOR A CHANGE IN THE PLANNED CURRICULUM FORM.