

PROPOSED PLAN OF STUDY NON-THESIS MASTER'S PROGRAM

The Graduate School • University of West Georgia • Carrollton, Georgia 30118-4160

Name _____

UWG ID Number _____ Date _____

Degree: M.A. M.S. M.S.N. M.B.A. M.Ed. M.M. M.P.A. M.P.Acc.

Major _____

Please list each course you intend to include in your degree program. Do not list any courses which have been included in another degree program. Identify transfer courses by the institution from which credit is earned.

DEPT. ABBR.	NO.	COURSE TITLE	AREA	*E/O	◇GRADE	CREDIT
1.						
2.						
3.						
4.						
5.						
6.						
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8.						
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11.						
12.						
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14.						
15.						
16.						

If applicable, have you fulfilled the foreign language requirement? YES NO

Language/How satisfied? _____ Date Completed _____

SPACE BELOW FOR OFFICIAL USE

Major Professor Date

Department Chair Date

Dean of the Graduate School

Date Approved by Graduate Dean

You may not take more than _____ additional off-campus hours or transfer in _____ additional hours and apply them to this POS.

The signatures of your Major Professor, Department Chair and the Dean of the Graduate School in no way exempt you from any Graduate School policies. Any exemptions must be granted in writing under separate letter by the Dean of the Graduate School, or someone who by institutional or University System of Georgia structure has authority over the Dean of the Graduate School.