

PROPOSED PLAN OF STUDY FOR ED.S. AND PROSPECTUS FOR RESEARCH PROJECT

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

Name _____

Social Security Number _____ Date _____

Major Field _____ Area of Concentration _____

PROPOSED PLAN OF STUDY

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	*E/O	◇GRADE	CREDIT
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

PROSPECTUS FOR RESEARCH PROJECT

Title of Project _____

Please attach **four** copies of a brief prospectus for your research project. See your major professor for information concerning the format of the prospectus. **Do not** list title of paper unless Research Project is to be submitted to the Graduate School for binding.

SPACE BELOW FOR OFFICIAL USE

Major Professor

Department Chair

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.

* Graduate School use only

◇ If you have not completed course, please leave blank.