

# PROPOSED PLAN OF STUDY AND THESIS PROSPECTUS

The Graduate School • West Georgia College • Carrollton, Georgia 30118-4160

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Degree: M.A.  M.S.

Major \_\_\_\_\_

## 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.					
12.					

Have you fulfilled the foreign language requirement? YES  NO

Language/How satisfied? \_\_\_\_\_ Date Completed \_\_\_\_\_

## PROSPECTUS FOR MASTER'S THESIS

Title of Thesis \_\_\_\_\_

Please attach **four** copies of a brief prospectus for your thesis. See your major professor for information concerning the format of the prospectus.

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.