

**COLLEGE OF AGRICULTURE AND NATURAL RESOURCES
 MASTER OF SCIENCE DEGREE PROPOSED ACADEMIC PROGRAM
 (To be submitted before student's second semester)**

_____ **Plan A** _____ **Plan B** _____ **PID No. :** _____
Last Name **First Name** **Middle Initial**

_____ **Department** _____ **Semester Admitted:** _____

Tentative Thesis/Research Topic:

**PROGRAM OF STUDY (Group Courses by Departments):
 PROGRAM COURSES**

Course & Number	Course Title	Credits
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Total Course Credits: _____
Plan A Research Credits: _____
Plan B Research Credits: _____

TOTAL PROGRAM CREDITS:

COLLATERAL COURSES

Course & Number	Course Title	Credits
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SIGNATURES

Student:		Date:	
Major Professor:		Date:	
1.		Date:	
2.		Date:	
3.		Date:	
Grad Program Chair:		Date:	
Assoc. Dean:		Date:	