



# UCONN

# THE GRADUATE SCHOOL

WHETTEN GRADUATE CENTER | 438 WHITNEY ROAD EXTENSION, UNIT-1152, STORRS CT 06269-1152  
TELEPHONE: (860) 486-3617 | FACSIMILE: (860) 486-6739 | GRAD.UCONN.EDU

## PLAN OF STUDY FOR THE MASTER'S DEGREE

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

STUDENT ID # (SEVEN DIGITS) \_\_\_\_\_ NETID \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

DEGREE SOUGHT \_\_\_\_\_ FIELD OF STUDY \_\_\_\_\_  
(exactly as listed in graduate school catalog)

AREA OF CONCENTRATION (IF ANY) \_\_\_\_\_

• This plan of study should be submitted to The Graduate School, Unit 1152, in the Whetten Graduate Center no later than the beginning of the student's final semester before degree completion. The successful completion of all work indicated on the plan of study is a fundamental prerequisite for the conferring of the degree. This form must be signed below by the student and each member of the advisory committee before submission to The Graduate School. Any changes in listed coursework should be submitted to The Graduate School on the "Request for Changes in Plan of Study" form.

**ADVISOR'S NAME (PRINTED)**  
MINIMUM OF THREE REQUIRED

**ORIGINAL SIGNATURE REQUIRED**

MAJOR ADVISOR \_\_\_\_\_

\_\_\_\_\_

ASSOCIATE ADVISOR \_\_\_\_\_

\_\_\_\_\_

ASSOCIATE ADVISOR \_\_\_\_\_

\_\_\_\_\_

ASSOCIATE ADVISOR \_\_\_\_\_

\_\_\_\_\_

ASSOCIATE ADVISOR \_\_\_\_\_

\_\_\_\_\_

DATE BY WHICH YOU EXPECT TO COMPLETE WORK FOR THE DEGREE \_\_\_\_\_

\*Formal application for graduation by the student to be placed on the list of degree candidates must be submitted through the Student Administration System before the conferral date. See The Graduate School Academic Calendar for conferral dates and deadlines.

LEAVE BLANK

DATE BY WHICH ALL REQUIREMENTS FOR THE DEGREE MUST BE COMPLETED: \_\_\_\_\_

PLAN A (THESIS)

PLAN B (NON-THESIS)

