GRADUATE DEGREE PLAN FOR ADVISORY COMMITTEE

Instructions: This plan must be approved and signed by the student’s program advisor on behalf of the advisory committee and graduate coordinator. Advisors and their students should also retain copies. Subsequent changes in the degree plan, if any, must be approved by the advisor. This does not replace other graduate requirements.

Student’s name: ___________________________________________ BANNER ID __________________________
Department: _____________________________________________________________________________ Catalog year: ________________________________
Major: __________________________________________________________________________ Track: __________________________________________

Courses in the major area (prefix and number):

Graduate Courses

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Courses with 400/500 designations

________________________________________________________________________________________
________________________________________________________________________________________

Required undergraduate courses

________________________________________________________________________________________

Courses to be waived (if applicable)

________________________________________________________________________________________

Courses to be substituted

Required course __________________________ Hours ______ Substitution __________________________ Hours ______
Required course __________________________ Hours ______ Substitution __________________________ Hours ______
Required course __________________________ Hours ______ Substitution __________________________ Hours ______

Courses to be transferred (6 hours maximum)

University where credit earned __________________________ Course/Title __________________________ Hours ______ UNCW Equivalent __________________________
University where credit earned __________________________ Course/Title __________________________ Hours ______ UNCW Equivalent __________________________

Members of the Advisory Committee (type or print legibly):

Advisor: __________________________________________ Member: __________________________________________
Member: __________________________________________ Member: __________________________________________
Member: __________________________________________ Member: __________________________________________

Notes: __________________________________________________________________________________________

Signatures:

Student: __________________________________________ Date: __________________________
Advisor: __________________________________________ Date: __________________________
Graduate Coordinator: __________________________________________ Date: __________________________