RHODE ISLAND COLLEGE

A-15

**PLAN OF STUDY FOR INDIVIDUALIZED GRADUATE PROGRAM**

NAME ID# DATE

TELEPHONE ( ) E-MAIL

 Area Code

DEPARTMENT PROGRAM

INTERDISCIPLINARY PROGRAM (DEPARTMENTS)

For more information on IGP see http://www.ric.edu/graduatestudies/Pages/Individualized-Graduate-Program.aspx

Students should complete this form with the assistance and approval of the Graduate Adviser. Although an applicant may be recommended for acceptance to a graduate program, the applicant cannot be considered an officially accepted degree candidate until an approved Plan of Study is on file in the Dean’s Office and the Records Office.

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| **DEPT** | **COURSE NO.** | **COURSE TITLE** | **CREDITS**  |
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THESIS/PROJECT \_\_\_YES \_\_\_NO TOTAL\_\_\_\_\_\_\_\_\_\_

COMPREHENSIVE EXAM \_\_\_YES \_\_\_NO

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 Student Signature Date

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 Adviser Date

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 Department Chair Date

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 Department Chair Date

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 Dean of School Date

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 Dean of School Date

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 Graduate Dean Date