RHODE ISLAND COLLEGE

PLAN OF STUDY

A-1

FACULTY OF ARTS AND SCIENCES

NAME_____ **DATE**_____

TELEPHONE ( )_____ **E-MAIL**_____
Area Code

DEPARTMENT_____ **PROGRAM**_____

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 office of the Dean of the appropriate school. Students should complete this form with the assistance and approval of the Graduate Adviser.

DEPT	COURSE NO.	COURSE TITLE	CRDTS	CHCK IF PRVSLY COMPLETED/BEING TRANSFERRED
Credits not for Graduate Credit				

TOTAL FOR PROGRAM_____

THESIS ___Yes ___No

_____ _____
Signature Date

_____ _____
Adviser Date

_____ _____
Program Director Date

_____ _____
Department Chair Date

_____ _____
Dean Date