GRAMBLING STATE UNIVERSITY
OFFICE OF GRADUATE STUDIES
PLAN OF STUDY

Student Name: _____ G-NUMBER _____

Address: _____ Phone: (_____)_____

City: _____ State:_____ Zip:_____

GRE: Verbal_____ Quantitative _____ Analytical _____ (N/A) _____
GMAT: Total _____ Date: _____ TOEFL Total _____ Date: _____

Degree Information:
UG_____ Yr._____ Major/Institution_____
GR _____ Yr. _____ Major/Institution_____
GR _____ Yr. _____ Major/Institution_____

Admission Status:
Regular Date: _____
Conditional Date: _____
Provisional Date: _____

College: _____ Department: _____

Degree: _____ Certification Program: Yes _____ No _____

Major Area: _____ Specialization: _____

Course No.	Titles	Sem. Hrs.	Grade	Quality Points	Sem/Year Taken	GSU or Transfer
I. Program Core						
II. Program Specialization						
III. Electives						
IV. English Proficiency and Foreign Language Requirements						

Total Hours Proposed: _____ Total Hours Required: _____
Expected graduation date: _____

Signatures:

_____ _____
Student **Date** **Advisor** **Date**

_____ _____
Department Head **Date** **College/School Dean** **Date**

_____
Graduate Dean **Date**