

IST IUG Plan of Study

Name: _____ PSU ID: _____
 Undergraduate Major: _____ Date Baccalaureate Diploma: _____
 Graduate Program: _____ Date Graduate Diploma: _____

Identify courses still to be taken for your undergraduate major(s) and courses required for completion of the graduate program that you plan to take *before* earning your baccalaureate diploma. **Please note: A maximum of 12 credits may be double-counted of which at least 50% of the courses proposed to double-count must be at the 500 or 800 level. Thesis credits may not double-count.**

<i>Courses needed for your Undergraduate Transcript Only</i>			<i>Courses needed for your Graduate Transcript Only</i>			<i>Courses needed for Both Transcripts</i>		
<u>Course</u>	<u>Semester</u>	<u>Credits</u>	<u>Course</u>	<u>Semester</u>	<u>Credits</u>	<u>Course*</u>	<u>Semester</u>	<u>Credits</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
	<u>Total</u>	_____		<u>Total</u>	_____		<u>Total**</u>	_____

Identify all courses required for completion of your Graduate Degree:

Courses	Semester	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i> _____

Student _____
(Signature) (date)

Graduate Program Director _____
(Signature) (date)

Summary of Academic and Curricular Planning
4 semester plan required

Academic Year: _____

Fall _____

Spring _____

Summer _____

Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Academic Year: _____

Fall _____

Spring _____

Summer _____

Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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Course #	Credits
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_____	_____
_____	_____

Course #	Credits
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Academic Year: _____

Fall _____

Spring _____

Summer _____

Course #	Credits
_____	_____
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Course #	Credits
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Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Student _____
 (Signature) (date)

UG Adviser _____
 (Signature) (date)

Graduate Program Director _____
 (Signature) (date)