

**Bowie State University
The Graduate School
Graduate Program of Study**

Name:		Student ID:	
Address:		Enrollment Date:	
		Program:	
Telephone:	(H) - -	Concentration:	
	(W) - -	Advisor:	
Email:		Email:	

Transfer Courses

(An official transcript(s) must be on file with the Office of the Registrar. A copy of the transcript(s) must be attached to this form.)

Course #	Course Title	Institution	Credits	Semester/Year

Prerequisites

Course #	Course Title	Credits

	Dept.	Course #	Course Title	Credits
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
Advancement to Candidacy			A grade point average of 3.25 or better has to be attained when a student has between 12 – 18 credit hours.	

Expiration Date: _____

Signatures

Student:		Date:	
Advisor:		Date:	
College Dean:		Date:	
Graduate School Dean:		Date:	