BOWIE STATE UNIVERSITY

The Graduate School

Graduate Program of Study

Name :		Student ID :	
Address :		Enrollment Date :	
		Program :	
Tel Number :	(C)	Specialization :	
	(H)	Advisor :	
Email :		Email :	

Transfer Courses

(An official transcript must be on file with the office of registrar. A copy of transcript must be attached to this form)

Course #	Course Title	Institution	Credits	Semester/Year

Prerequisite

Course #	Course Title	Credits	Semester/year

Planned Courses for the Degree

No	Dept.	Course #	Course Title	Credits	Semester/year
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12					
13.					
14.					
15					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
			Total		
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:**_____

Program Coordinator: _____ **Date:** _____

College Dean : _____ **Date:** _____

Graduate School Dean : _____ **Date:** _____

Revised 02/04/2015