

Proposed Course Schedule

Student Name: _____

Student ID: _____

Semester: _____

Proposed Courses:

Course Number	Course Name	Meeting Times	Approval Signature (if necessary)

Signatures:

_____/_____
Student Date

_____/_____
Thesis or Research Advisor Date

_____/_____
Graduate Program Director Date

The purpose of this form is to provide a record of the graduate student's class schedule to be used when creating the GTA teaching schedule and as confirmation that the student has received approval of his/her proposed course schedule from his/her thesis advisor.

Students should obtain the signature of the instructor when registering for research (699) or independent study (690), before being advised by the graduate program director (GPD).

The GPD will routinely approve any proposed schedule signed by a thesis advisor unless the schedule is inconsistent with departmental policy and/or the formal requirements of the MS or PhD programs.

Completed forms should be returned to the graduate program director.