

# Bachelor of University Studies

## Degree Plan Proposal

North Dakota  
State University

Morrill Hall 112 701-231-7014

Mailing address: Advising Resource Center, NDSU Dept. 2800, PO Box 6050, Fargo, ND, 58108-6050 --- Fax #: 701-231-8482

(Download and save this form before editing, must be completed electronically)

Student ID# \_\_\_\_\_

Name: \_\_\_\_\_

NDSU E-mail: \_\_\_\_\_

Local Address: \_\_\_\_\_

Personal E-mail: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### CREDITS COMPLETED

NDSU \_\_\_\_\_

Transfer \_\_\_\_\_

(Indicate institution & credits)

Subtotal (credits completed) \_\_\_\_\_

Upper Division Credits \_\_\_\_\_

(300-400 level)

### CREDITS CURRENTLY ENROLLED & PLANNED

NDSU Current Credits \_\_\_\_\_

NDSU Proposed Credits \_\_\_\_\_

Transfer \_\_\_\_\_

(Indicate institution & credits)

Subtotal (credits planned) \_\_\_\_\_

Upper Division Credits \_\_\_\_\_

(300-400 level)

Indicate intended minor/certificate program (s)  
(If applicable) \_\_\_\_\_

Total credits for degree \_\_\_\_\_ Total upper division credits \_\_\_\_\_ NDSU GPA \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Typed

When do you expect to complete your planned program? \_\_\_\_\_

Academic Adviser \_\_\_\_\_  
Typed

Academic Adviser \_\_\_\_\_ Date \_\_\_\_\_  
Signature

B.U.S Program Review Committee

Committee Recommendations (If Applicable)

Proposal Review Date: \_\_\_\_\_

Committee Action: Approved as presented \_\_\_\_\_

Deny \_\_\_\_\_

Approved with modification \_\_\_\_\_ (per committee's criteria)

Adviser \_\_\_\_\_ Date \_\_\_\_\_

Signature

The required courses or activities to graduate are not finalized until the Program Review Committee and the Adviser have approved the proposal. Upon approval, the proposal becomes a contract the candidate must complete in order to graduate with a Bachelor of University Studies degree.

Date of Graduation \_\_\_\_\_

Final NDSU GPA: \_\_\_\_\_