Total:



Master's Degree Plan of Study and Supervisory Committee

Student:	Student ID#:	
(Signature)		
Program:	Degree:	
Option (if needed):		
NDSU Graduate Courses: Enter courses in the order in which you h credits.*	nave taken (or plan to take) them. Please list research	credits as one entry of total
Dept. and Course #	Title	Credits
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PLEASE NOTE: If a proposed graduate research project involves human or animal subjects, or biohazards, it must be submitted for review and approval by the Institutional Review Board (IRB), the Institutional Animal Care and Use Committee (IACUC), and/or the Institutional Biosafety Committee (IBC). The student should initiate this process after his or her supervisory committee has approved the final research design because IRB, IACUC, and IBC approval must be obtained before the research project commences.

listed here. Include the name other institutions must be on fi	of the institution. (Officia le in the Graduate Schoo	Ite/transfer courses marked with an * on the reve I transcripts showing completion of credit to be tr I PRIOR to approval of the Plan of Study.) The Ser credits to satisfy degree requirements.	ansferred from
Approved by:	hours transferred to ma	aster's program (in semester credit hours): _	
Adviser	Date	Department Coordinator	Date
Student Services Associate Review		Approved by Graduate Dean	