

PLAN OF STUDY FOR THE SPECIALIST DEGREE

FORM 7

This form must be received in the Graduate College before one-half of the coursework for the degree has been completed.

*Please Note: A student may **NOT** file this form and graduate in the same semester or summer session.*

All Information Must Be Typed

Student's Name: _____ Z Number: _____ Date: _____
First MI Last

Thesis/Non-Thesis: _____ Anticipated Graduation Date: _____

Major: _____

Area of Specialization (If Applicable): _____

Supervisory Committee (If Applicable):

Chair (Name and Title)

Member (Name and Title)

Member (Name and Title)

Member (Name and Title)

Member (Name and Title)

Member (Name and Title)

The student will list below, in consultation with his/her advisor, a detailed program showing the proposed course of study for the Master's Degree. Following approval of this form, changes to the Plan of Study will be made only upon written recommendation using Form 9 (Revision to Existing Plan of Study).

Courses to Remove Deficiencies or Other Stipulations (Will Not Fulfill Specialist Degree Requirements)

Subject	Course #	Title	Credits	Grade

Transfer of Credits from Other Institutions

Subject	Course #	Title	Credits	Grade

Graduate Courses Taken at Florida Atlantic University

Subject	Course #	Title	Credits	Grade

Graduate Courses Currently Taking or To Be Taken

Subject	Course #	Title	Credits	Grade

TOTAL CREDIT HOURS IN THE PLAN OF STUDY:

NOTE: Considering your current state of degree completion, answer the following three questions to the best of your ability. This form will not be accepted by the Graduate College if any question is left unanswered. If you answer YES to any of the questions below, you are required to submit Form 12 with your Plan of Study.

1. My research involves (or may involve) human or animal subjects for which IRB or IACUC approval and training are required.

☐ YES

☐ NO

2. My research involves (or may involve) intellectual property for which FAU may assert its rights to ownership.

☐ YES

☐ NO

3. My program of study requires (or may require) Environmental Health and Safety training.

☐ YES

☐ NO

Thesis Topic or Field of Study (If Applicable): _____

Foreign Language (If Applicable): _____ Certified By: _____ Date: _____

Student (Signature)

Date

Plan of Study Approved by:

Supervisory/Graduate Committee Chair or Graduate Advisor (Signature) Date

Department Chair (Signature) Date

College Dean or Designee (Signature) Date

Dean of the Graduate College (Signature) Date