

Plan of Study for Master's Degree

Name: _____
Last
First
Middle Initial

Student ID: and/or NetID:

Degree sought: _____ Field of Study: _____

Area of Concentration (if any): _____

This plan of study must be submitted to Degree Audit at the Office of the Registrar by the end of the fourth week of the student's final semester before degree completion. The successful completion of all work indicated on the plan of study is a fundamental prerequisite for the conferring of the degree. This form must be signed below by the student and each member of the advisory committee. Any changes in listed coursework must be emailed to Degree Audit at degreeaudit@uconn.edu

ADVISOR'S NAME (PRINTED)
Minimum of three Committee
Members required

ORIGINAL OR ELECTRONIC SIGNATURE
ACCEPTED

MAJOR ADVISOR _____
 ASSOCIATE ADVISOR _____
 ASSOCIATE ADVISOR _____
 ASSOCIATE ADVISOR _____
 ASSOCIATE ADVISOR _____
 ASSOCIATE ADVISOR _____

Year and term by which you expect to complete degree requirements. Year _____ Term: Spring ____, Summer ____, Fall ____

Formal application for graduation by the student to be placed on the list of degree candidates must be submitted through the Student Administration System before the conferral date. Refer to the Academic Calendar on the Office of the Registrar website for conferral dates and deadlines. Submit your signed plan of study to Degree Audit at degreeaudit@uconn.edu

PLAN A (THESIS)

PLAN B (NON-THESIS)

