BOWIE STATE UNIVERSITY

The Graduate School

Graduate Program of Study

Name:		Student Id:
Address:		Enrollment Date :
		Program:
Tel Number:	(C)	Specalization :
	(H)	Advisor:
Email:		Email:

Transfer Courses

(An official transcript must be on file with the office of registrar. A copy of transcript must be attached to this form)

Course #	Course Title	Institution	Credits	Semester/year

Prerequisite

Course #	Course Title	Credits	Semester/year

Planned Courses for the Degree

No	Dept.	Course #	Course Title	Credits	Semester/year
1.					
2.					
3.					
4.					
5.					
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31.			m 4 1		
			Total		
Advancement to candidacy			A grade point average of 3.25 or better has to be attained when a student ha	s between 12-18 c	redit hours
· zu ruilt			g point a reage of order of sector has to be attained when a student ha		
Expir	ration Date : _		Signatures		

Expiration Date :		Signatures		
Student :	Date:	Advisor	Date:	
Program Coordinator:			Date:	
College Dean :			Date:	
Graduate School Dean :			Date:	

Revised 02/04/2015