

WORKING Formal Study Plan & Advancement to Candidacy

Graduate Education, Science Building, 52-D27

FIELDS ON THIS DOCUMENT SHOULD BE ENTERED IN ELECTRONIC FORM.

NAME: _____ DATE: _____

STUDENT ID: _____ PHONE: _____

Academic Program: _____

Specialization (if applicable): _____

Blended Program: YES NO Course requirements and policies: www.catalog.calpoly.edu

Note: All graduate students are required to maintain continuous enrollment from the time of first enrollment until the completion of their degree regardless of catalog cycle. Students who fail to fulfill the continuous enrollment requirement will not be permitted to graduate. In addition, all graduate students must maintain an overall GPA of 3.0 in their formal study plan courses in order to graduate.

1. COURSEWORK (student initials) (date)

ALL: CAL POLY COURSES TAKEN BEFORE MATRIC. TO THIS PROGRAM, TRANSFER, CAL POLY EXT. ED., CREDIT BY EXAM

Course	Units	School/Institution	Grade	Grade Pts.

SUBTOTAL UNITS _____

BLENDED ONLY: COURSES DOUBLE COUNTED - DO NOT LIST THESE COURSES ELSEWHERE

Course	Units	Grade	Grade Pts.

SUBTOTAL UNITS _____

PBAC MATRICULATED CAL POLY 400-LEVEL COURSES (PLEASE LIST IN ORDER TAKEN)

(Office use only)				(Office use only)			
Course	Units	Grade	Grade Pts.	Course	Units	Grade	Grade Pts.

SUBTOTAL UNITS _____

PBAC MATRICULATED CAL POLY 500-LEVEL COURSES (PLEASE LIST IN ORDER TAKEN)

(Office use only)			
Course	Units	Grade	Grade Pts.

(Office use only)			
Course	Units	Grade	Grade Pts.

50% of the units must be 500-level; Fall 2019, increases to 60%
 Total units should not exceed program required units (see catalog)

SUBTOTAL UNITS _____

TOTAL UNITS IN PLAN:

2. CULMINATING EXPERIENCE

THESIS PROJECT COMPREHENSIVE EXAM

3. ANTICIPATED GRADUATION DATE YEAR: _____ QUARTER: _____

4. GWR COMPLETION (REQUIRED) The GWR has been successfully completed: Student Initials

* This form will not be accepted by the Graduate Education Office Unless the GWR has been satisfied.

5. APPROVALS

1. Student Name	_____	_____	_____
	Printed Name	Initials	Date
2. Advisor Name	_____	_____	_____
	Printed Name	Initials	Date
3. Coordinator Name	_____	_____	_____
	Printed Name	Initials	Date
4. Dean Name	_____	_____	_____
	Printed Name	Initials	Date
5. Dean of GradEd	_____	_____	_____
	Printed Name	Initials	Date

This document is the WORKING version and must be submitted during the first quarter of your graduate coursework to the Graduate Education Office.

Please submit a signed/initialed copy to GradEd in Bldg 52, Room D27.

GWR: _____	ATC: _____	50% 500-level: _____	7 Years Ok <input type="checkbox"/>
Thesis/Comp: _____	Grade Change Date: _____	3.0 FSP GPA: _____ ÷ _____ = _____	Dist: Y N
C- or better: _____	Max 12 Unclass.: _____	Max 12 CP ugrad: _____	Max 27% Non-Res.: _____
_____	Posted _____	_____	_____
Conferral Date	Today's Date	Initials	OFFICE USE ONLY