

Graduate Program – Plan of Study

Check only one:

☐ Proposed Plan of Study ____/____/____ (submit to Registration and Records upon matriculation)
date

☐ Final Plan of Study ____/____/____ (submit to Registration and Records upon degree completion)
date

Department:	Student Name:
Degree Type:	ID #:
Program Chair/Director:	Advisor:
Matriculation (Sem/Yr):	Initial Advisement date:

To the Program Advisor: Please check the Plan of Study for agreement with the following policies:

- ☐ A maximum of only (9) credits earned in non-degree status at SUNY Brockport can be applied toward the degree.
- ☐ A maximum of twelve (12) graduate-level transfer credits with a grade of “**B**” or better can be applied toward the degree requirements.
- ☐ A minimum of twelve (12) credits must be earned while under matriculated (degree) status.
- ☐ A minimum of 15 credits at the 600-level or above must be earned.
- ☐ Students have five (5) years from the date of matriculation to complete all degree requirements.
(Note: An approved exception to this time limit allows seven years for the completion of MPA requirements).

_____/____/____ _____ _____/____/____
Advisor's Signature date Graduate Coordinator's Signature date

To the Graduate Candidate:

I understand that prior approval must be obtained from my program advisor for changes in my Plan of Study. Failure to do so will not guarantee approval of said changes.

_____/____/____
Candidate's Signature date

State University of New York College at Brockport
Graduate Program - Plan of Study

Side 2

Degree Requirements Completed _____
Semester _____ Year _____

**REQUIRED
CORE
and/or
SEMINARS**

Dept and #	Course Title	Term & Year	Hours	Grade
MTH 621 or 629				
MTH 641 or 669				
MTH 651 or 659				
		Total	9	9

**MTH
COURSES**

Dept and #	Course Title	Term & Year	Hours	Grade
		Total		

ELECTIVES

Dept and #	Course Title	Term & Year	Hours	Grade
		Total		

TRANSFER CREDIT (Maximum of 12 graduate level credits with grade of "B" or better)

Dept & #	Course Title	Institution	Term/Yr	Hours	Grade
			Total		

Total Credits Completed _____

CHECKLIST of MA requirements

Coursework (30 credit hours) Date completed _____

Comprehensive Exam Date completed _____