

PLAN OF STUDY

TO: Health Sciences Graduate Program Office
 2271 Health Sciences Center South
 PO Box 9024
 Morgantown, WV 26506-9024

Graduate Student: _____ WVU ID#: _____

Graduate Program: _____

I began my: MS____ PhD____ MSN____ MPH____ DNP____ MHS____ degree on ____/____/____

Dissertation _____ Thesis _____ Paper _____ Practicum _____

 Signature of Student

 Signature of Committee Chairperson

COURSES TAKEN AT WEST VIRGINIA UNIVERSITY

Course #	Course Title	Hrs.	Grade	Semester

COURSES TO BE TAKEN AT WEST VIRGINIA UNIVERSITY

TRANSFER COURSES FROM OTHER INSTITUTIONS:

Courses transferred from another institution must be approved prior to inclusion in the plan of study. The **Application For Transfer of Graduate Credit to West Virginia University** form must be completed to obtain this approval.

Course#	Course Title	Institution	Hrs.	Grade	Semester

Signatures of Graduate Student Research Advisory Committee:

Names typed:

Chairperson

Approved by:

Advisor (if not committee chair)

Date: _____

Graduate Program Director

Date: _____

Dean of School or Designate

Date: _____

Health Sciences Grad. Program Office

Date: _____