UNIVERSITY OF NORTH DAKOTA
SCHOOL OF GRADUATE STUDIES

PROGRAM OF STUDY
COMBINED /ACCELERATED

Student Information

Student ID: _____ First Name: _____ Last Name: _____

Program: _____

Subplan: _____ Minor: _____

Option: _____

Expected Graduation Dates

Bachelor's Graduation Term Year:

Master's Graduation Term Year:

Graduate Courses

Course Dept	Course Number	Credits	SGS Note	Title of Course	UND Course Replaced

Undergraduate Courses Remaining

Course Dept	Course Number	Credits	Title of Course	Anticipated Enrollment Term

Signatures

Role	Signature	Date	Comments (optional)
Student			
Graduate Program Director			
School of Graduate Studies			

Transfer Credits	
UND Credits	
Total:	

Notes: