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**BA/MA and BA/MS Programs  
Plan of Study**

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

(check one)      SOPH                  JR                                  ID #: \_\_\_\_\_

Local Address: \_\_\_\_\_ Overall GPA (cumulative): \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

2. Current B.A. Major(s): \_\_\_\_\_

3. Courses Completed or in Progress (Please asterisk those in progress and give grades for all completed):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Number of Courses Listed Above: \_\_\_\_\_

4. Are you on track to complete your HUB requirements for graduation?

Yes                  No



5. Please list all coursework that is *planned* for the combined BA/MA or BA/MS Program.

(Do not include courses completed or in progress. Please asterisk the eight courses that will be counted towards the M.A. or M.S.)

Semester (Fall or Spring) & Year: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
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Semester (Fall or Spring) & Year: \_\_\_\_\_

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Semester (Fall or Spring) & Year: \_\_\_\_\_

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Semester (Fall or Spring) & Year: \_\_\_\_\_

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Semester (Fall or Spring) & Year: \_\_\_\_\_

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 \_\_\_\_\_  
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Semester (Fall or Spring) & Year: \_\_\_\_\_

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 \_\_\_\_\_  
 \_\_\_\_\_

6. Consultation with Departmental or Program BA/MA or BA/MS  
 Advisor.

This plan has been discussed with the faculty member whose signature appears below. This consultation is required only to facilitate planning, and the signature of the faculty member DOES NOT constitute admission to the BA/MA or BA/MS Program. For applicants with a double major, a secondary signature is required from the Director of Undergraduate Studies in the additional department/program.

\_\_\_\_\_  
 Signature of BA/MA or BA/MS faculty advisor

\_\_\_\_\_  
 Department/Program

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Director of Undergraduate Studies [For double majors only]

\_\_\_\_\_  
 Department/Program

\_\_\_\_\_  
 Date

Comments: