

## Accelerated MS Interim Advising Plan

**Instructions:** This form is to be filled out at the time of application to an accelerated MS program. Discuss your plans with your advisor, the graduate program coordinator, or the department head. Once signed, bring the form to the Office of Graduate Education (C2201). This form must be on file before your application can be reviewed by the department.

Name of Student: \_\_\_\_\_ Student ID: \_\_\_\_\_

Proposed M.S. Program \_\_\_\_\_ Anticipated BS graduation (month/year): \_\_\_\_\_

The courses on this form comprise a preliminary list to foster discussion with your advisor and to help ensure that the proposed courses meet the program requirements. The final list of courses must be approved by your advisor or committee on your MS Program of Study (POS). Please note these Graduate Education policies regarding the POS.

- A maximum of twelve credits may be double-counted, although some programs are more restrictive.
- A maximum of twelve credits may be taken as an undergraduate and counted toward the MS (in addition to those being double-counted).
- A maximum of 9 credits on the POS can be under the 500-level.
- Accelerated MS students cannot apply any credits transferred from other institutions toward the MS degree.
- Consult the academic catalog and/or your program coordinator/department head about additional restrictions of your specific degree program.
- Note that 700 level courses cannot be taken by undergraduates.

I plan to take these courses as an undergraduate and double-count them in the accelerated MS.

Course code	Course name	#credits	Course code	Course name	# credits
Course code	Course name	#credits	Course code	Course name	# credits
Course code	Course name	#credits	Course code	Course name	# credits

I plan to take these courses as an undergraduate and count them **ONLY** toward the accelerated MS.

Course code	Course name	#credits	Course code	Course name	# credits
Course code	Course name	#credits	Course code	Course name	# credits
Course code	Course name	#credits	Course code	Course name	# credits

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Interim Advisor/Major Professor Signature (Print name & Dept) Date  
**(If required by department/program)**

\_\_\_\_\_  
 Dept. Head or Grad Program Coordinator Signature (Print name & Dept) Date  
**(Required)**