

PLAN OF STUDY
Plant Science (PLSC) Graduate Program

Student Name/UID: _____ Major Professor: _____

Degree Objective: _____ M.S. _____ Ph.D. Year/Semester Enrolled _____

I. Admission Provisions (if any):

II. Course Requirements:

Refer to the PLSC Graduate Program Handbook for details.

III. List by semester all coursework completed and planned for the M.S. or Ph.D. degree. Attach a separate sheet if more space is required.

<u>Year</u>	<u>Semester</u>	<u>Course No.</u>	<u>Title</u>	<u>Credit</u>
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Total credits

Signature of Major Professor _____ Date _____

Signature of Graduate Program Chair _____ Date _____

Please email a copy of this signed form to pslagradadvising@umd.edu