

School of Management Plan of Study (PoS)

STUDENT INFORMATION

Name:	Student ID:
School:	Program:

DEGREE

<input type="checkbox"/> MSCM	<input type="checkbox"/> MSFM	<input type="checkbox"/> MSPM
Tentative Thesis/Capstone Topic:		
Expected Graduation Year:	Semester:	

PLAN OF STUDY

Semester 1:	Semester 2:
COURSES AND NUMBER OF CREDITS	COURSES AND NUMBER OF CREDITS
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
Semester 3:	Semester 4:
COURSES AND NUMBER OF CREDITS	COURSES AND NUMBER OF CREDITS
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
Semester 5:	Semester 6:
COURSES AND NUMBER OF CREDITS	COURSES AND NUMBER OF CREDITS
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Faculty Advisor:

Advisor's Signature

Student's Signature