

## Program of Study Plan

Student Name (*last, first*): \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Academic Unit: \_\_\_\_\_ Degree being sought: \_\_\_\_\_

Email address: \_\_\_\_\_ Date entered program: \_\_\_\_\_  
*(dd/mm/yyyy)*

	Course number	Course hours	Year registered	Year completed
Required courses				
Other courses				
Electives				
Total				

Distribution: Graduate program designate + Supervisor + Student