



**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 Area of Concentration: _____

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

A. For the Concentration:

B. For Divisional Studies or Core Curriculum:

C. Others:

Total Number of Courses Listed Above: _____

4. Is your General Education requirement completed (either through Divisional Studies or Core Curriculum)?

Yes No

5. Is your foreign language requirement for the B.A. degree completed?

Yes (If so, how?) _____

No

-continues onto next page-



6. Is your college writing requirement completed?

Yes (If so, how?) _____
No

7. Is your math requirement met?

Yes
No

9. 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: _____

Semester (Fall or Spring) & Year: _____

Semester (Fall or Spring) & Year: _____

Semester (Fall or Spring) & Year: _____

Semester (Fall or Spring) & Year: _____

Semester (Fall or Spring) & Year: _____

9. 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:

