# OFFICE OF RESEARCH AND GRADUATE EDUCATION ROBERT C. BYRD HEALTH SCIENCES CENTER

## PLAN OF STUDY – MASTERS AND DOCTORAL PROGRAMS

#### TO BE COMPLETED BY THE STUDENT (If you need additional space, please fill out another form as needed)

Student Name: WVUID#:					
Graduate Prog	ram:				Date:
Degree:	MHS 🛛	MPH 🔲 MS		DNP 🛛 F	PHD
Please select:	Thesis	Dissertation	Paper 🛛 Pract	icum 🗖 Cours	se Work Only

#### **PLAN OF STUDY COURSES:**

If your program utilizes the PLANS feature of DegreeWorks, do not complete the tables below and please check here: 🖵

Course #	Course Title	Hrs.	Grade	Semester

#### COURSES THAT ARE REPEATED EACH TERM (E.G. JOURNAL CLUB, RESEARCH, SEMINAR).

Course #	Course Title	Number of Repeats Required

#### TRANSFER COURSES FROM OTHER INSTITUTIONS:

Courses transferred from another institution must be approved prior to inclusion in the Plan of Study. The **Application for Transfer of Graduate Credit to West Virginia University** form must be completed to obtain this approval.

Course#	Course Title	Institution	Hrs.	Grade	Semester

Obtain signatures of advisory committee, if applicable. Consult the Plan of Study Guidelines for applicability.

Signatures of Graduate Student Advisory Comn	Names of Committee Members (typed)		
	(Chair)		
gnature of Student	Printed/typed	Name	Date
proved By:			
gnature of Advisor (if not Committee Chair)	Printed/typed	Name	Date
gnature of Graduate Program Director	Printed/typed Name		Date
gnature of Dean of School or Designate (if required)	Printed/typed	Name	Date
gnature of Assist VP for Graduate Education	Printed/typed	Name	Date

**Note:** Once committee and/or program director signatures (if applicable) have been obtained, please make one copy of this form for the student's personal records and one copy for the program director prior to submitting to the Office of Research and Graduate Education A final copy will be placed in the student's file in their graduate program's office and in the Office of Research and Graduate Education once all signatures have been obtained.

Rev. 10/2015

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### PLAN OF STUDY GUIDELINES

The Plan of Study consists of the minimum coursework required by the student's advisory committee to meet the course requirements of the degree program. Additional courses beyond the agreed upon minimum need to be approved by the student's advisor before registration.

The Plan of Study form should be submitted as follows:

- 1. The student, advisor, and advisory committee approve the Plan of Study.
  - a. MSN students: after advisor is assigned (after 3<sup>rd</sup> semester);
  - b. MS students: after 18 semester hours;
  - c. PhD students: after 30 hours.
- 2. This form must be typewritten and completed in full.
- 3. It must be signed by the <u>student</u> and <u>his/her committee</u> and submitted to the Health Sciences Graduate Program Office for final approval. See table below for signatures required by program.
- 4. When approved by the Chairperson of the Advisory Committee and the Health Sciences Graduate Programs Office, it becomes a binding agreement for the student, committee, and the Health Sciences Graduate Programs Office.
- 5. Request for a change in the Plan of Study must be submitted in writing:
  - a. <u>For minor changes in the approved program</u>, a letter of request must be submitted to the Health Sciences Graduate Programs Office after written concurrence has been obtained from a majority of the graduate committee and student.
  - b. <u>For major changes in approved program</u>, a revised Plan of Study must be submitted to the graduate committee for its approval and submitted to the Health Sciences Graduate Programs Office for approval.
- 6. Return completed form to Health Sciences Graduate Programs Office, 2271 Health Sciences South, PO Box 9024, Morgantown, WV 26505-9024

The original approved Plan of Study form will be returned to the department.

Rev. 10/2015

Signatures Required			
Degree/Program	Masters/Doctorate	Signatures Required	Committee Signatures (Y/N)
MHS			
МРН			
MS			
MSN			
DNP			Y
PHD			Y

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