

The Graduate School
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Peoria, IL 61625

BRADLEY
UNIVERSITY

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Graduate Program of Study

Directions: Program coordinators/advisors are to use this form for preparing a program of study for each student seeking a graduate degree. It is recommended that this form be completed within the first twelve hours of course work. Care should be taken to be as explicit as possible. This program of study, along with the applicable requirements listed in the Graduate Catalog, constitute the requirements for the degree sought. The program coordinator and student must sign and retain completed copies of the form, and a duplicate should be filed with the Graduate School. Should it be necessary to alter the requirements listed on this form, the student should complete the form "Change of Graduate Program of Study."

Name _____ BU ID# _____
Surname/Family/Last Given/First Middle Maiden/Other

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Work Phone _____ E-mail address _____
(Include area code) (Include area code)

Program _____ Hours completed to date _____

Semester first enrolled in graduate program _____ Expected date of graduation _____

Requirements for Successful Completion of this Student's Degree

1. On page 2 of this form, list courses required by the program that are taken as: prerequisites, transfer, student-at-large, the core, and any additional required courses.

2. Indicate below the type of comprehensive assessment used to determine the success of the student in fulfilling the objectives of the program. _____

3. Other Conditions (specify)

I, _____, understand that this form, along with the applicable requirements in the
(Student)
Graduate Catalog, constitute the requirements for the completion of my degree. Should there be changes to the categories listed on this form, I understand that it is my responsibility to initiate procedures to have the changes reviewed, approved, and filed with the Program Coordinator and Graduate School.

Graduate student signature _____ Date _____

Program coordinator signature _____ Date _____

