

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

Faculty Advisor:

Advisor's Signature

Student's Signature