



**MASTER'S DEGREE PROGRAM PLAN**

NAME \_\_\_\_\_ STUDENT ID NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
Last First Middle Apt. No. Street City State ZIP Code

DEGREE PROGRAM \_\_\_\_\_ ACADEMIC UNIT \_\_\_\_\_

TERM GRADUATION EXPECTED \_\_\_\_\_ CATALOG YEAR REQUIREMENTS USED FOR PROGRAM PLAN \_\_\_\_\_

MAJOR CODE \_\_\_\_\_ Any change to this plan must be submitted and approved by the academic advisor before approval to graduate will be granted.

For transfer credit, list Florida Tech equivalent with School Attended in parentheses; indicate "T" in Grade column. Approval of this program plan does not imply approval of transfer credits.

DEFICIENCIES

FLORIDA TECH COURSE NO.	FLORIDA TECH COURSE TITLE	SEMESTER CREDITS	GRADE
1.			
2.			
3.			
4.			
5.			
6.			

REQUIRED & ELECTIVE COURSES

1.			
2.			
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19.			

Student \_\_\_\_\_ Date \_\_\_\_\_ Academic Unit Head \_\_\_\_\_ Date \_\_\_\_\_

Academic Advisor \_\_\_\_\_ Date \_\_\_\_\_

**FLORIDA'S STEM UNIVERSITY®**

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