



Degree Completion Plan

Candidate's Name: _____

Date: _____

Coursework to be completed	Expected date
Proficiency exams to be completed	Expected date
Seminar credits to be completed	Expected date
Laboratory work to be completed (attach additional pages as necessary)	Expected date
Other (attach additional pages as necessary)	

I understand the requirements for the degree and agree to adhere to the above plan.

Student signature: _____ **Date:** _____

Approval: _____
 Advisor

 Thesis Committee

 Thesis Committee

Date: _____