

Last Name

Program

Graduate College

grad.uiowa.edu

Student Number

Degree Objective

Academic Affairs Office University of Iowa 205 Gilmore Hall Iowa City, Iowa 52242-1320 319-335-2144

Nondoctoral Plan of Study Summary Sheet

First Name

INSTRUCTIONS: Complete this form, obtain advisor and departmental signatures, and save as PDF. Departments/programs upload as Plan of Study attachment when submitting a Nondoctoral Final Exam request in workflow. If no final exam for this student, submit as a MAUI Advising Note. Use advising note labels of Admin Action - Plan of Study Submitted and send email notification to gradcoll@uiowa.edu. Include marked-up grade report (if applicable) as page 2 of a PDF scan. The Graduate College will return reviewed plans of study via MAUI Advising Notes.

Approved Sub Program (if any)		Final Exam Required? Yes No		Select One	Thesis	Nonthesis	
Anticipated Graduation Session	Year	Semester hours required for degree		Currently applied for	or degree?	Yes	No
Graduate Work Completed o	r in Progress	•					
Transfer Graduate Credit	College or University	<i>y</i>			Semester Hou	rs	
	College or University	/			Semester Hour	s	
LL of L Craduate Hours Formed					Semester Hou	rs	
U of I Graduate Hours Earned (You will find this at the end of the grade re	port as "Hrs Earned," NO	T in the UI Cum "Hours and F	oints Summary")				
Semester Hours in Courses Now Carrying Marks of Incomplete (I) (or F-Converted from I) that must be cleared for this degree						rs	
Current Registration (In the box to the right, enter the total numb	er of graduate semester l	hours in the current registration	on)		Semester Hour	s	
Additional Registration Required (If not graduating in current session Semester						1	
Course Number Course Title				Hours			
					Semester Hour	s	
						0	
Total graduate credit completed or in progress and additional registration required. All courses included for credit must be 100 (legacy) or 3000 (New MAUI number) level or higher. A.						Semes	ter Hours
	it must be 100 (le	gacy) or 3000 (New I	viAOI number) level or nighe	er. A.		
Reduction of Credit						_	
Cross off courses on the stude	ent's record and c	urrent registration (M	IAUI schedule) that are inclu	ded in the		
following categories:	ald				Semester Hou	rs	
Courses over 10 years old					0	_	
Graduate courses not to be applied toward this degree (e.g., courses not specifically needed for this degree, e.g., unneeded electives, make-up for undergraduate deficiencies)					Semester Hour	S	
				Total reduc	ed credit E		ter Hours
						Semes	ter Hours
		Total Graduate Hou	urs To Be Co	unted Toward	Degree C		ter i lours
Advisor's Signature Dat	e Departm	nent Executive's Signat	ure Date C	Graduate Dean's	Signature		Date