

North Carolina State University
The Graduate School

ACCELERATED BACHELOR'S/MASTER'S PLAN OF WORK

To: Dean of The Graduate School

From: Program Director: _____
Director's name/Program name

Student Information:

Name: _____ ID Number: _____ UGPA: _____

Degree/Program: _____ Signature: _____

Courses taken as undergraduate student:

Course Description	Prefix/No.	Hrs	Term
To be double-counted (12 hrs max):			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sub-total

To be applied to Graduate Degree Only (6 hrs max):

_____	_____	_____	_____
_____	_____	_____	_____

Sub-total

Courses taken as graduate student:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sub-total

Total

Undergrad Coord Signature/Date: _____

DGP Signature/Date: _____

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Approved for the Graduate School by: _____
Signature/Date