



RSMAS Academic Plan (MS)

PART I: First Semester

Students must fulfill the minimum Graduate School requirements and RSMAS program requirements for graduation. Discuss the following academic requirements with your Program Director and return the form to GSO with part I completed by the end of your first semester.

Student Name: _____ **Student ID #:** _____

Program: _____ **Admission Term/Year:** _____ **Expected Graduation:** _____

Select one:

- I do not have any graduate level coursework to transfer towards my PhD degree.
 - UM Graduate School requirements: Minimum **30** total credit hours
 - ✓ Must include 18 course credits in residence
 - ✓ Must include 6 research credits in residence
 - RSMAS program requirements (**Completed by Program Director**):
 - Program course credit requirements: _____
 - Program research credit requirements: _____
 - Additional program requirements or comments (i.e. waiving required courses): _____

- I have not completed a MS degree but I have completed some graduate level coursework that may be eligible to transfer. My Program Director has approved a transfer of _____ credit hours towards my PhD (up to 6 credits). *Complete [Petition for Transfer Credit](#) form and submit to GSO.
 - UM Graduate School requirements: Minimum **30** total credit hours
 - ✓ Must include 18 course credits in residence
 - ✓ Must include 6 research credits in residence
 - RSMAS program requirements (**Completed by Program Director**):
 - Program course credit requirements: _____
 - Program research credit requirements: _____
 - Additional program requirements or comments (i.e. waiving required courses): _____

Student Signature: _____ **Date:** _____

Program Director Signature: _____ **Date:** _____

PART II: Semester Before Expected Graduation

Students must first meet with the GSO Senior Program Coordinator and then their Program Director to complete Part II of the Academic Plan. The completed form is due to GSO one semester before expected graduation.

Pre-Clearance Meeting Date: _____

Missing Milestones: _____

Sr. Program Coordinator Signature: _____

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Please complete the following:

- I printed a copy of my transcript and met with my Program Director to review.
- I checked for any incomplete **(I)** and missing grades **(NG)**.
 - *Change of Grade forms must be submitted by the Program Director or course instructor.*
- Including my current term, I still need to complete the following credit hours to meet the Graduate School and program requirements **(Completed by Program Director):**
 - Course credits remaining: _____
 - Research credits remaining: _____
 - Other program requirements or comments: _____

Student Signature: _____ **Date:** _____

Program Director Signature: _____ **Date:** _____

GSO Date
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