Worcester Polytechnic Institute

# Plan of Study – Master of Science Degree Program

**Student Information:** Name: _____ Phone: _____

SSN/ID: _____ E-mail: _____

**Instructions for preparing the Plan of Study:**

**This form is to be completed and submitted to the academic department office before the end of the first semester of study. Updates to the form require the advisor's signature. The original plan of study and all revisions need to be kept on file in the WPI Registrar's Office**

**Graduate credit may be accepted from other universities, which accounts for no more than 1/3 of the Masters program credits. Please list all course work accepted towards the Masters degree as well as the remaining credits of coursework to fulfill the requirements of the Master of Science degree program. If a thesis is required by the program, it must include at least 6 credit hours of research directed towards the thesis.**

| Course # | Course Name | Credits |
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| Course # | Course Name | Credits |
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Title of Thesis (if applicable): _____

Student Signature:_____ Date:_____

Advisors & Plan of Study Approvals

_____

Print Name Signature Date

_____

Print Name Signature Date