School Counseling Plan of Study (for students admitted after August 2018)

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Date		Ad	visor
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Student Address:				
Telephone Number:				
Major:				
		(Conditional)		
	(Unconditional)	(Conditional)	Conditions Met:Date	
Admission to Cand	idacy:		Date	
		_ThesisProposal Submitte		
			(Date)	
Comprehensive Exa	am (s):			
Written:		Date Applied		
		_ Date Taken		
		Results		
Final Forms				
	Date thesis report	signed by advisor (if appli	cable)	
	Date admission to	candidacy approved by So	DE graduate office	
	Date application f	or graduation filed with SC	DE	
	Date application f	or graduation filed with re	gistrar	
	Date thesis defens	e if applicable		
	Mid-Program Rev	riew		
	Final Defense			