

Please Print Clearly



Term	Year
FALL	2008

Circle One:

M.A.

Ph.D.

Circle One:

Full-time

Part-time

Advisor Name: _____

Name: _____

Student Id# _____

BGC Email: _____

Phone# _____

Year Entered: _____

Number of credits earned to date: _____

Course Number	Course Title	Day/Time	Credits

Please note that proposal forms for a tutorial, independent study, or internship should be obtained from the Academic Programs Office. The Graduate Committee must approve proposals before the end of every semester for the next semester.

Student's Signature

Date

Advisor's Signature

Date