Please Print Clearly

Term	Year
Spring	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