

**GRADUATE SCHOOL OF EDUCATION
UNIVERSITY OF PENNSYLVANIA**

PLANNED PROGRAM OF STUDY FOR DEGREE CANDIDATES

INSTRUCTIONS: This form is to be completed in consultation with your advisor. When complete, please make a copy for yourself and for your advisor. Return the original to the Student Records Office. Any changes to your program must be documented by completing a new form and re-submitting it to the Student Records Office.

Name: _____ Penn ID#: _____

Division: _____ Specialization: _____ Degree: M.S. ___ Ed.D. ___ Ph.D. ___

Advisor: _____ Student's email: _____

PLEASE LIST COURSES TO BE APPLIED TO THE DEGREE: For courses taken at another institution, you must also complete the request for approval of transfer of credit.

Minimum number of course units for degrees: M.S. – 10
Ed.D. & Ph.D. – 20 (of which 8 may be transferred)

School at Penn where you registered to take course:	Course Dept. & Number	Course Title	# CUs	Term Taken or when will be taken
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

The courses listed above satisfy degree requirements for this student.

Advisor's Signature

Date