FLORIDA TECH.

MASTER'S DEGREE PROGRAM PLAN

Name				Student ID Nur	Student ID Number		
	Last	First	Middle				
Mailing A	ddress						
0		Apt. No.	Street	City	State	ZIP Code	
Degree Program				Major Code			
Academi	c Unit						
Term Graduation Expected		Ca	talog Year Requirements Us	ed for Program of Study			

Any change to this plan must be submitted and approved by the academic advisor before approval to graduate will be granted.

For transfer credit, list Florida Tech equivalent with School Attended in parentheses; indicate "T" in Grade column. Approval of this program of study does **not** imply approval of transfer credits.

DEFICIENCIES	FLORIDA TECH COURSE NO.	FLORIDA TECH COURSE TITLE	SEMESTER CREDITS	GRADE	
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
S	FLORIDA TECH COURSE NO.	FLORIDA TECH COURSE TITLE	SEMESTER CREDITS	GRADE	
	1.				
	2.				
	3.				
	4.				
	5.				
IRSI	6.				
DO:	7.				
REQUIRED & ELECTIVE COURSES	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
	15.				
	16.				
	17.				
	18.				
	19.				
Stuc	dent Signature _	Date			
Aca	demic Advisor (P	rint)			
Aca	demic Advisor Si	Date	Date		
Aca	demic Unit Head	Date	Date		
		FLORIDA'S STEM UNIVERSITY		202	

Florida Institute of Technology = Office of the Registrar = 150 W. University Blvd., Melbourne, FL 32901-6975 = 321-674-8115 = Fax 321-674-7827 = floridatech.edu/registrar

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