

IUG Plan of Study
Schreyer Honors College

Name: _____ PSU ID: _____

Undergraduate Major: _____ Date Baccalaureate Diploma: _____

Graduate Program: _____ Date Graduate Diploma: _____

Identify courses still to be taken for your undergraduate major(s) and courses required for completion of the graduate program that you plan to take *before* earning your baccalaureate diploma. **Please note: A maximum of 12 credits may be double-counted of which at least 50% of the courses proposed to double-count must be at the 500 or 800 level. Thesis credits may not double-count.**

<i>Courses needed for your Undergraduate Transcript Only</i>			<i>Courses needed for your Graduate Transcript Only</i>			<i>Courses needed for Both Transcripts</i>		
<u>Course</u>	<u>Semester</u>	<u>Credits</u>	<u>Course</u>	<u>Semester</u>	<u>Credits</u>	<u>Course*</u>	<u>Semester</u>	<u>Credits</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Total</u>		_____	<u>Total</u>		_____	<u>Total**</u>		_____

Identify all courses required for completion of your **Honors Requirements**. For each course **yet to be taken**, please indicate what semester you intend to take it and identify whether it is meeting a Sophomore year requirement or a Junior/Senior Block requirement.

<u>Course</u>	<u>Semester</u>	<i>check one</i>		<u>Course</u>	<u>Semester</u>	<i>check one</i>	
		<u>Soph</u>	<u>Jr/Sr</u>			<u>Soph</u>	<u>Jr/Sr</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

The Honors Thesis and the Graduate Thesis will be (check one):

☐ Unrelated ☐ Separate, but related ☐ Master's only (diplomas must be awarded simultaneously with one thesis)

Student _____
(Signature) (date)

Honors Adviser _____
(Signature) (date)

Identify all courses required for completion of your Graduate Degree:

Courses	Semester	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total _____

.

Student _____
(Signature) (date)

Graduate Program Coordinator _____
(Signature) (date)

12/05 mlc/jlo
Revised 11/13 tk/ng

Summary of Academic and Curricular Planning
4 semester plan required

Academic Year: _____

Fall _____

Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Spring _____

Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Summer _____

Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Academic Year: _____

Fall _____

Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Spring _____

Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Summer _____

Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Academic Year: _____

Fall _____

Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Spring _____

Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Summer _____

Course #	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Student _____
 (Signature) (date)

Honors Adviser _____
 (Signature) (date)

Graduate Program Coordinator _____
 (Signature) (date)