

MS/PhD Plan of Study Worksheet



Student Information

Last Name/Family Name		Student PID (@vt.edu):		
First Name		Semester Admitted to CS@VT		
Degree (select one)		Are you a BS/MS Student?		
Last 4 digits of Student ID#:				

Transfer Courses

VT Course Number/Name or Area	Original Course Number/ Name and Institution Taken	Semester/Year Taken	CS@VT Area	Grade and Credits

4000-Level Courses

Course Number/Name	Semester	Year	Credits

5000-Level Courses

Course Number/Name	Area	Semester	Year	Credits

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6000-Level Courses

Course Number/Name	Area	Semester	Year	Credits

CS 5944 Graduate Seminar

Semester	Year

Research and Dissertation

Course Number/Name	Semester	Year	Credits

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Comments and Exceptions:

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Advisory Committee

Role	Name	Dept/Institution	Signature	Date

Approvals

Role	Name	Signature	Date
Student			
Graduate Program Director	Clifford A. Shaffer		