COLLEGE OF GRADUATE STUDIES
THE UNIVERSITY OF TOLEDO

- Email GCAcademicSvcs@utoledo.edu or
- University Hall 3240, Mail Stop 933 or
- Mulford Library 113, Mail Stop 1042

Fillable PDF. Digital signatures and email submission strongly preferred. Illegible and incomplete forms will be returned.

Original		Date: _____
Amended		Date: _____

Plan of Study for the Certificate Program

Purpose of the Plan of Study Form
- To serve as a planning and advising tool between the student and advisor that
  - Defines the course of study, providing focus and direction to the graduate program in alignment with the catalog and timely certificate completion.
  - Constitutes an agreement that successful completion of proposed and approved course of study and any other general certificate requirements will result in the awarding of the certificate.

Policies and Permissions
- All students earning a certificate must file an approved Plan of Study [POS] with the College of Graduate Studies.
- It is the student's responsibility to notify the College of Graduate Studies of any changes to an approved POS. Such changes should be requested on a Plan of Study Course Substitution form or an amended Plan of Study. Changes involving term of registration e.g. taking a course in a different semester or year are exempted.
- All changes require the signatures of the advisor, chair or program director, and associate dean of college.
- According to university policy, all credit applied toward the certificate program must have been earned within the period of four [4] years immediately preceding the time the certificate is awarded.
- **According to university policy, any courses earning a "U" or below a "C" cannot remain on the Plan of Study or be applied towards degree fulfillment.**

Instructions for Completion
- List all credits earned or to be earned that you would like to apply toward fulfillment of the graduate certificate, following the catalog requirements for the year of your matriculation. **Document any deviation from catalog requirements on the last page of this form.**
- Enter department and course number under 'Course Alphanumeric Code.' Enter the course title in the second column. Enter term and grade information as appropriate. Enter number of credits in the 'Credit' column for each course.
- Obtain all required signatures and submit to the College of Graduate Studies for final approval.

Student Information

ROCKET ID _____   FULL NAME [First and last] _____

COLLEGE _____   DEGREE _____   PROGRAM _____

FIRST SEMESTER [term/year] _____

EXPECTED GRADUATION [term/year] _____

TIME LIMITATION TO DEGREE [4 years from first term] [term/year] _____

LIST ALL GRADUATE COURSES REQUIRED FOR THE DEGREE					
COURSE ALPHANUMERIC CODE	COURSE TITLE	TERM	GRADE	# OF CREDITS	GRADUATE COLLEGE USE ONLY
		PROGRAM TOTAL			

Student Signature and Academic College Approvals

STUDENT _____ SIGNATURE _____ DATE _____

ADVISOR _____ SIGNATURE _____ DATE _____

CHAIR/
DIRECTOR _____ SIGNATURE _____ DATE _____

ASSOCIATE DEAN OF
ACADEMIC COLLEGE _____ SIGNATURE _____ DATE _____