

### M-1: Plan of Study

*Master of Science (M.S.) in Family Sciences*

Submit to the Director of Graduate Studies before completion of 9 credit hours or second semester in the program (whichever comes last).

Date: \_\_\_ / \_\_\_ / \_\_\_\_

Emphasis: Adolescent Development  
Couples and Family Therapy  
Family Finances and Economics  
Family Processes

Student ID#: \_\_\_\_\_

Student Name: \_\_\_\_\_

Graduation Date: \_\_\_ / \_\_\_  
(projected) month year

Option: Plan A (thesis)  
Plan B (scholarly project)

Year 1					
Fall Semester		Spring Semester		Summer Semester	
Course # and Name	Credits	Course # and Name	Credits	Course # and Name	Credits
1) _____	___	1) _____	___	1) _____	___
2) _____	___	2) _____	___	2) _____	___
3) _____	___	3) _____	___	3) _____	___
4) _____	___	4) _____	___	4) _____	___
5) _____	___	5) _____	___	5) _____	___
Year 2					
Fall Semester		Spring Semester		Summer Semester	
Course # and Name	Credits	Course # and Name	Credits	Course # and Name	Credits
1) _____	___	1) _____	___	1) _____	___
2) _____	___	2) _____	___	2) _____	___
3) _____	___	3) _____	___	3) _____	___
4) _____	___	4) _____	___	4) _____	___
5) _____	___	5) _____	___	5) _____	___
Year 3 (if applicable)					
Fall Semester		Spring Semester		Summer Semester	
Course # and Name	Credits	Course # and Name	Credits	Course # and Name	Credits
1) _____	___	1) _____	___	1) _____	___
2) _____	___	2) _____	___	2) _____	___
3) _____	___	3) _____	___	3) _____	___

Approved: \_\_\_\_\_ / \_\_\_ / \_\_\_\_  
Major Advisor Date

Accepted: \_\_\_\_\_ / \_\_\_ / \_\_\_\_  
Director of Graduate Studies Date