



Name _____ Program _____

Degree _____

If you approve the coursework proposed below, sign your name in the space indicated. The Major Advisor must indicate his/her approval before the student may circulate this proposal to the other members of the committee.

Authorized Signatures		
_____	Signature	_____
Advisory Committee Member		Date
_____	Signature	_____
Advisory Committee Member		Date
_____	Signature	_____
Advisory Committee Member		Date
_____	Signature	_____
Advisory Committee Member		Date
_____	Signature	_____
Major Advisor		Date
_____	Signature	_____
Department Chair <i>(or Associate Dean for Academic Affairs in Nursing)</i>		Date
_____	Signature	_____
Program Director		Date
_____	Signature	_____
MD/PhD Director		Date
_____	Signature	_____
Dean, The Graduate School		Date

Attach JagTrax profile approved with signatures by the program director, student and mentor. List courses below that are not included on your JagTrax profile. Please be sure to list any electives you have taken or plan to take.

Course No.	Title	Credit Hrs.	Course No.	Title	Credit Hrs.

REQUIRED COURSES MAY BE SUBJECT TO CHANGE