

GRADUATE ADVISEMENT ACADEMIC PROGRAM PLAN

Name _____ S.I.D# _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Alternate Phone: _____

Email 1: _____ Email 2: _____

Date of Entry to Program _____ Graduation Date: _____

Objective: _____

Placement Exam Dates _____ Pass or prereq. courses to take: P-Chem _____
 _____ O-Chem _____
 _____ Biochem _____
 _____ Biology _____
 _____ Inorganic _____
 _____ Analytical _____

Writing Proficiency Exam (WPE) Date (s) Taken: _____ Date Requirement Completed: _____

Required Units: _____ Comments: _____

Electives Units: _____

Research and Thesis Units: _____ Chem 500 level units: _____

Total Graduate Program Units: _____

Year	Fall	Units	Year	Winter	Units	Year	Spring	Units	Year	Summer	Units
	Total Units			Total Units			Total Units			Total Units	
Year	Fall	Units	Year	Winter	Units	Year	Spring	Units	Year	Summer	Units
	Total Units			Total Units			Total Units			Total Units	
Year	Fall	Units	Year	Winter	Units	Year	Spring	Units	Year	Summer	Units
	Total Units			Total Units			Total Units			Total Units	

Research Director Signature _____ Date: _____

Graduate Advisor Signature: _____ Date: _____