NORTHERN MICHIGAN UNIVERSITY

GRADUATE PLAN OF STUDY

PROGRAM _____

NAME _____
Last First Middle

ADDRESS _____
No. and Street City State Zip

_____ _____
Telephone Social Security No.

_____ _____
Date of Admission Current Date

FOR GRADUATE OFFICE ONLY
Graduate Studies
_____ Regular
_____ Conditional
_____ Non-Degree
_____ Unclassified
Graduate Exam
_____ G.R.E.
_____ Miller Analogies
_____ Other
Written Requirements
_____ Two papers
_____ Projects
_____ Thesis
_____ Field Study

COURSES	CREDIT AND GRADE			SEMESTER HOURS			
ID Number and Title	Trs.	Ext.	Res.	Educ Found	Cog.	Maj.	Elec.
Required:							
ES 500 Intro Research			2 /				
ES 511 Statistics and Meas.			3 /				
ES 521 Adv. Exerc. Physology			3 /				
ES 540 Adv. Mech. Kinesiology			3 /				
HN 516 Sport Nutrition			3 /				
ES 531 Adv. Seminar Ex. Sci.			3 /				
Thesis (optional):							
Electives:							
TOTALS							

MEMORANDA

I recommend that this program of study be approved. [ ]

I recommend that the above student be admitted to degree candidacy. [ ]

_____ _____ _____
Head of Department Date

_____ _____ _____
Adviser or Committee Dean of Graduate Studies Date

Distribution: White copy: Student
Yellow copy: Graduate Studies
Pink copy: Adviser