

North Carolina State University - The Graduate School
ACCELERATED BACHELOR'S/MASTER'S PLAN OF WORK

To: Dean of the Graduate School

From: Program Director _____

Director Name | Program Name

Student Information

Name _____ Student ID# _____ UGPA _____

Degree/Program _____ Signature _____

Courses taken as an undergraduate student

Course Description	Prefix/No.	Hrs.	Term
To be double-counted (12 hrs. max)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To be applied to Graduate Degree Only (6 hrs. max)	Sub-total	_____	
_____	_____	_____	_____
_____	_____	_____	_____

Courses taken as a graduate student

	Sub-total	_____	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Sub-total	_____	
	Total	_____	

Undergrad Coordinator Signature _____ Date _____

DGP Signature _____ Date _____

Note: Upload to Slate for Graduate School approval.