REVIE W OF GRADUATE THESIS STUDENT

Name
Student I.D.
Advisor

Working Title of Master’s Thesis

Members of Thesis Committee:

1. Assess the year in terms of your coursework, professional/ethical behavior, service learning, and research/writing for your thesis.

2. Please outline your objectives for the remainder of the program and propose a timetable for completing your master’s thesis.

Signature of Graduate Student
Date
To be completed by the student's advisor:

1. Comment on the student's year in terms of coursework, professional/ethical behavior, service learning, and research/writing for thesis.

2. Comment on the student's timetable for completing the program.

I have met with the student to discuss his or her progress.

______________________________    __________________
Signature of Advisor               Date

Return to Human Development and Family Studies Graduate Coordinator when completed.

Cc: Student
PLAN OF STUDY FOR GRADUATE CERTIFICATE
IN HUMAN DEVELOPMENT AND FAMILY STUDIES - ADOLESCENT
DEVELOPMENT

Name

Admitted

(semester)
(year)

<table>
<thead>
<tr>
<th>Course Number and Name</th>
<th>Semester/Year</th>
<th>Credits</th>
<th>Grade</th>
</tr>
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<tbody>
<tr>
<td>HDFS 950 Contemporary Issues in Adolescent Development</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>HDFS 995 Seminar and Special Problems</td>
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Electives (as approved by advisor; one course must be HDFS):

|                                                 |                 |         |       |
|                                                 |                 |         |       |

Graduate certificates require a minimum of 14 credits to graduate.

Faculty Advisor Signature

Student Signature

Date

Date

NOTE: A signed copy of this completed Plan of Study form must be filed with the Graduate Coordinator.