COURSEWORK PROPOSAL

Name _____ Degree _____ Program _____

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.

Name Signature Date

_____

_____

_____

_____

_____

_____

_____
Major Advisor

_____
Department Chair (or Associate Dean for Academic Affairs in Nursing)

_____
Dean, School of Graduate Studies

Please use an asterisk to indicate which courses satisfy Research Tool Requirement

Course No.	Title	Sem. Hrs.	Course No.	Title	Sem. Hrs