

Montana State University Billings
College of Education

Plan-of-Study for the Degree of
**MASTER OF SCIENCE INTERDISCIPLINARY STUDIES EXERCISE AND SPORT
LEADERSHIP OPTION**

The College of Allied Health Professions provides graduate level education leading to the Master of Science. This form charts the progress of a student toward the graduate degree. Section I, to be filled out by the graduate student, contains important personal information, but it also calls attention to what is required of a student before Admission to Candidacy can be conferred. Section II is the student's personal Plan-of-Study. It is to be filled out by the student in consultation with his or her advisor and/or advisory committee. The Student will not be approved for any financial aid or may not be allowed to register for classes if a plan-of study is not completed with all necessary signatures.

Section I *To be completed by the graduate student. Please print or type:*

Name: _____ ID# _____ Telephone _____

Address: _____ City _____ State _____ Zip _____

Undergraduate Degree: _____ Minor: _____
(e.g. BS in Elem Educ)

From: _____ Date: _____
Institution

Is this a second master's degree? Yes If so, indicate previous degree:

Degree and Subject	Institution	Date
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Advisor: _____ Department: _____

1. Have you supplied the Registrar's Office and the Graduate Studies Office with official copies of all previous undergraduate and graduate work? Yes
2. Do you understand the six-year time limitation for all courses? Yes
3. Have you read the Graduate Catalog's policies on graduate education? Yes
4. Do you understand that some graduate credits taken prior to approval of this Plan-of-Study may not be counted toward the total credits required in the degree program? Yes

Student _____ Date _____

Section III *Preconditions Review to be completed by the Office of Graduate Studies.*

Six-year time limit _____

Official Transcripts on File: MSU-Billings Non-MSU-Billings

GRE Test Scores: Verbal _____ Quantitative _____ Writing _____

Grade Point Averages:

Undergraduate GPA (last 90 quarter/
60 semester credits)

Other (post-baccalaureate, pre-POS)

Graduate POS GPA (in last six years)

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All Preconditions have been met Yes

Section IV *Advisory Committee – completed by advisor*

A. Chair _____ Department _____

B. Member _____ Department _____

C. Member _____ Department _____

D. Member _____ Department _____

Date Prospectus approved _____

Section V *Advisor's Recommendation*

I have developed this plan with the graduate student and advisory committee and recommend approval.

Advisor _____ Date _____

Section VI *Department Chair's Recommendation*

I have reviewed the proposed plan-of-study and recommend approval.

Chair _____ Date _____

Section VII *Deans Approval*

I have reviewed the plan-of-study and find it acceptable. The student is recommended for candidacy.

Dean of Allied Health _____ Date _____

Section VIII *Director of Graduate Studies Approval*

I have reviewed the plan-of-study and find it acceptable. The student is admitted to candidacy.

Director of Graduate Studies _____ Date _____

Section IX Graduation Check to be completed by Graduate Office

Professional Core Completed? Yes

Professional Practice Completed? Yes

Internship Date: _____ Location: _____

Thesis Title: _____

Defense Date: _____

Director of Graduate Studies

Date