*This plan of study must be completed by the student AND advisor each semester.*

*Please send an updated electronic copy of this form to Dr. Michaele E. Webb at* *webbmi@upstate.edu**.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  |  | Upstate ID # |  |  |
| E-Mail |  |  | Current Advisor |  |
| Year in Program |  |  | Expected Graduation |  |

**[ ]  PROPOSED COURSES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course | Course Title | Credits | Grade  | Semester/Year Completed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Note**: All CAS students are required to take five Public Health courses. They can opt to take any course they choose, as long as they have already completed the pre-requisites for the courses that they select.

**Total Credit Hours**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A minimum of 13 credits required for graduation.

**Please list the service /volunteer activities that you are involved with:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* *Please note that while volunteer experience is strongly encouraged, it is not required to graduate.***

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_