Oregon State University

ACCELERATED MASTER'S PLATFORM
PLAN OF STUDY

Last Name (Family)		**First Name**		**Middle Init.**		**(Former)**	
Phone #		**ID#**		**E-mail Address**			
Undergraduate Degree/Major				**Expected Completion (Term/Year)**			
Graduate Degree/Major				**Projected Start of Graduate Program (Term/Year)**			
Name of Future Major Professor				**AMP Start (Term/Year)**			

Term	AMP Courses (Graduate courses to be taken while in undergrad program)	Course Dept.	Course No.	Credits

Term	Major Courses (Courses to be taken during master's program)	Course Dept.	Course No.	Credits
			Total	

Signatures

Student			
	Typed Name	*Signature*	*Date*
Undergraduate Advisor (Needed if undergraduate major not the same as graduate major)			
	Typed Name	*Signature*	*Date*
Major Professor (thesis) or Graduate/AMP Advisor (non-thesis)			
	Typed Name	*Signature*	*Date*