

North Carolina State University  
The Graduate School

**ACCELERATED BACHELOR'S/MASTER'S PLAN OF WORK**

**To:** Dean of The Graduate School

**From:** Program Director: \_\_\_\_\_  
Director's name/Program name

***Student Information:***

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ UGPA: \_\_\_\_\_

Degree/Program: \_\_\_\_\_ Signature: \_\_\_\_\_

***Courses taken as undergraduate student:***

Course Description	Prefix/No.	Hrs	Term
To be double-counted (12 hrs max):			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sub-total

To be applied to Graduate Degree Only (6 hrs max):			
_____	_____	_____	_____
_____	_____	_____	_____

Sub-total

***Courses taken as graduate student:***

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sub-total

Total

***Undergrad Coord Signature/Date:*** \_\_\_\_\_

***DGP Signature/Date:*** \_\_\_\_\_



\* Upload to Slate for Graduate School approval.