



**GRADUATE STUDY PLAN**

*Please complete the form beginning with the \_\_\_\_\_ term and continuing through each term until the expected date of graduation. List by semester/quarter the coursework needed to complete degree requirements (BY NUMBER, NAME & NUMBER OF CREDITS).*

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Major: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Prospective Date of Graduation: \_\_\_\_\_  
 Total Number of Credits Required: \_\_\_\_\_  
 Advanced Standing/Transfer Credits: \_\_\_\_\_  
 University Advisor: \_\_\_\_\_  
 Qualifying Exam Status (pass, fail, pending, not required): \_\_\_\_\_  
 MA/PhD Thesis Topic or Title: \_\_\_\_\_  
 Projected Thesis Defense Date: \_\_\_\_\_  
 If current program is a non thesis option (for Master's) indicate here: \_\_\_\_\_

**(Please Print)**

University Advisor's Telephone: \_\_\_\_\_  
 University Advisor's Signature: \_\_\_\_\_

**PROJECTED COURSE OF STUDY**

Term: \_\_\_\_\_ Year: \_\_\_\_\_

Course	Credit

Term: \_\_\_\_\_ Year: \_\_\_\_\_

Course	Credit

Term: \_\_\_\_\_ Year: \_\_\_\_\_

Course	Credit

Term: \_\_\_\_\_ Year: \_\_\_\_\_

Course	Credit

Consulate General of the State of Kuwait  
Kuwait Cultural Office  
Los Angeles



القنصلية العامة لدولة الكويت  
المكتب الثقافي الكويتي  
لوس أنجلوس

Term: \_\_\_\_\_ Year: \_\_\_\_\_

Course	Credit

Term: \_\_\_\_\_ Year: \_\_\_\_\_

Course	Credit

Term: \_\_\_\_\_ Year: \_\_\_\_\_

Course	Credit

Term: \_\_\_\_\_ Year: \_\_\_\_\_

Course	Credit

Term: \_\_\_\_\_ Year: \_\_\_\_\_

Course	Credit

Term: \_\_\_\_\_ Year: \_\_\_\_\_

Course	Credit