**Plan of Study**

*Forward to MCN Office of Student and Faculty Services*

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| **Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****UID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of Admission:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Anticipated Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Faculty Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Year 1:****Fall \_\_\_\_\_\_\_\_\_***Course Number Course Title Hours Grade*

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**Spring \_\_\_\_\_\_\_\_***Course Number Course Title Hours Grade*

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**Summer \_\_\_\_\_\_\_***Course Number Course Title Hours Grade*

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**Year 2:****Fall \_\_\_\_\_\_\_\_\_***Course Number Course Title Hours Grade*

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**Spring \_\_\_\_\_\_\_\_***Course Number Course Title Hours Grade*

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**Summer \_\_\_\_\_\_\_\_***Course Number Course Title Hours Grade*

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 | **Residency Requirement (select two semesters):**Summer 20\_\_ Fall 20\_\_ Spring 20\_\_ Summer 20\_\_ *(6 hrs) (9 hrs) (9 hrs) (6 hrs)***Required academic credit hours**Core: 21Focal Area: 12Statistics: 9Cognate: 9Dissertation: 15Total Hours for Degree: Minimum of 66 **Date form completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Form completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Year 3:****Fall \_\_\_\_\_\_\_***Course Number Course Title Hours Grade*

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**Spring \_\_\_\_\_\_***Course Number Course Title Hours Grade*

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**Summer \_\_\_\_\_\_***Course Number Course Title Hours Grade*

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**Year 4:****Fall \_\_\_\_\_\_\_\_\_\_***Course Number Course Title Hours Grade*

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**Spring \_\_\_\_\_\_\_\_***Course Number Course Title Hours Grade*

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**Summer \_\_\_\_\_\_\_\_***Course Number Course Title Hours Grade*

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