Revised 12/27/05

PROGRAM OF STUDY FOR A GRADUATE DEGREE

Appalachian State University – Cratis D. Williams Graduate School

Name of Student: (Please type or print): Graduate Student Student ID Number[1]: 123-45-6789

Department: Technology Graduation Term: Spring 2008 Entry Term: Fall 2006

Degree: MA Major: Industrial Technology Major Code: 532A

Concentration (If applicable): Building Science Conc.Code: 531D

Minor (if applicable): _____ Minor Code: _____

Before submitting to the Registrar's Office, please check that the program meets academic requirements outlined in the Bulletin for the term of entry indicated above. Advisor or Program Director: Attach an explanation for any substitutions for required coursework.

Office Use Only	Dept. Abbr.	Course #	Course Title	Credit Hrs.	Final Grade	Office Use Only
			First Fall semester			
	TEC	5119	Industrial Leadership, Organization, and Communication	3		
	TEC	5909	Computer Uses for Industrial Research and Dev.	3		
	TEC	5500	Construction Technology (Technical Competency)	3		
			First Spring semester			
	TEC	5000	Research in Technology	3		
	TEC	5139	Technology and Culture	3		
	TEC	5708	Building Science	3		
	TEC	choose one	5618 Sustainable Building Design and Construciton	3		
			2718 Building Mechanical Systems	0		
			Second Fall Semester			
	TEC	5718	Construction Management	3		
	TEC	5809	Research and Development in Technical Areas	3		
	TEC	5500	Residential Architecture (Technical Competency)	3		
	TEC	3718	Construction Estimating	0		
			Second Spring Semester			
	TEC	5721	Commercial Building Design	3		
	TEC	electives		6		

Transfer Credit	Dept. Abbr.	Course #	Course Title	Credit Hrs.	Institution

			Total semester hours listed for credit:	36-39		
Prerequisites Needed						

I understand that additional course work may be added to this proposed program of study by my Advisory Committee, if such additional work is needed to correct deficiencies in my academic preparation. I also understand that substitutions must be approved by my Advisory Committee and by the Graduate School.

Student Signature: _____ Date: _____

Address: _____

Approval: _____ _____

Program Director: Department Chairperson:

(Optional) (Optional)

Member 1: _____ Member 2: _____ Member 3: _____

Printed names:

Graduate School Approval: _____ Date: _____

[1] I understand and acknowledge that provision of my Social Security number is voluntary and authorize its use as a personal identifier for record keeping purposes.