

Instructions:

Purpose: The *Proposed Plan of Study for a Graduate Certificate (PPSGC)* documents the required review by the Graduate College of the detailed plan of study proposed by a student to meet the requirements of a graduate certificate. This official review allows the Graduate College to identify certificate requirements and graduate regulations that may have been overlooked or misinterpreted by the student or anyone providing advice to the student. If left undetected and uncorrected too long, these shortcomings can seriously delay progress toward a graduate certificate. The *PPSGC* also helps the Graduate College update the student's certificate progress report and enables the university to fulfill its obligations to accrediting organizations.

Context: A student who is enrolled in a graduate certificate program is required to submit a *PPSGC* to the Graduate College and cannot apply for graduation until the *PPSGC* is approved by the Graduate College. The *PPSGC* lists the courses proposed by the student to fulfill the total credit requirement for the certificate as defined in a particular annual edition of the graduate catalog. If any deficiencies are found on the *PPSGC*, the Graduate College will notify the student and help find remedies that are acceptable to the Graduate College. The Graduate College cannot guarantee that these remedies will not delay progress by the student toward the certificate. It is therefore in the best interests of the student to submit the *PPSGC* to the Graduate College in a timely manner. Once the *PPSGC* is approved by the Graduate College, the student is notified and the *PPSGC* becomes a binding agreement between the student and the university. A change in an approved *PPSGC* can be requested only by submitting a *Request for Adjustment of Academic Requirements (RAAR)* to the Graduate College.

Procedure: The student is responsible for completing and signing the *PPSGC* and obtaining the necessary signature at the program level (graduate program coordinator, graduate program director, or designee). The *PPSGC* with original signatures is then submitted by the student to the Graduate College for review, modification if necessary, and final approval. A student should submit the *PPSGC* to the Graduate College shortly after admission to the certificate program (for certificates that can be completed in one or two semesters) or in the semester when at least half of the total credit requirement for the certificate is expected to be met (if the student anticipates spending more than two semesters to complete the certificate). The Graduate College is located in Room 117 in the Business Building (8AM–5PM, M-F except holidays).

Distribution: Copies of the approved *PPSGC* will be distributed by the Graduate College to the student and to the graduate program coordinator or graduate program director. The original *PPSGC* is filed in the student file maintained by the Graduate College.

Questions: Questions should be addressed to the Coordinator of Graduate Degree Services located in room 141 in the Mathematics-Geosciences building (Jim Allen, jallen@boisestate.edu, 208-426-1337).

Candidate:

Student Name	Date
Student ID Number	Email
Mailing Address	Daytime Phone
Graduate Program:	
Catalog / Year:	Anticipated Completion Date:

Certificate Requirements:

Course Prefix, Number, and Title (example: ED-CIFS 506 Issues in Education)

Credit

Grade

Semester / Year

Courses to be Transferred to Boise State University from other Institutions:

Indicate how each course is to be used, either as an elective or as a direct replacement for a requirement. An official transcript must be on file with the Graduate College.
(example: University of Idaho ED-551 to be used in place of Boise State ED-CIFS 507)

Student and Program Signatures:

Student _____ Date _____

Graduate Program Coordinator (printed) _____ ID _____ Date _____

Graduate Program Coordinator (signature) _____ Date _____

Graduate College Signatures:

I have reviewed this proposed plan of study and approve it for the Graduate College with the initialed modifications indicated above (if any).

Coordinator of Graduate Degree Services _____ Date _____

Optional Approval: At the request of the Coordinator of Graduate Degree Services, I have reviewed this proposed plan of study and approve it for the Graduate College with the initialed modifications indicated above (if any).

Associate Dean of the Graduate College _____ Date _____