



FAMU-FSU Engineering

Civil and Environmental Engineering

Master of Science (M.S.) Plan of Study

Name _____

Student ID _____
9 digit#

B.S. Major _____

B.S. GPA _____

B.S. Institution _____

B.S. Graduation Date _____

FAMU FSU International Domestic

GRE FE PE TOEFL
or waiver

Tentative Thesis Title _____

Expected Graduation Date _____ Email _____

Student Printed Name

Signature

Advisor/Committee Member 1 Printed Name

Advisor Signature

Committee Member 2 Printed Name

Signature

Committee Member 3 Printed Name

Signature

Committee Member 4 Printed Name

Signature

Graduate Coordinator Printed Name

Signature

Department Chair Printed Name

Signature

*The Plan of Study should be submitted at the completion of 9 credit hours of coursework
Your Dept Grad Rep will acquire Dept Chair and Grad Coordinator Signatures)*

TO BE COMPLETED BY DEPARTMENT GRADUATE REPRESENTATIVE AT FINAL TERM

Uploaded to GST (FSU) or *Plan of Study*

Defense Outcome

Confirmed on file (FAMU): *Dept Degree Requirements Certification form*

Grad Committee entered/approved in GST (FSU)

Completed Final Term Degree Clearance Checklist Form on file (FAMU)

Grad Rep Printed Name

Grad Rep Initials



Proposed Course Work as Partial Fulfillment of the MS Degree Option

| | Course Number and Title | Credits | Grade | Semester | Transfer? |
|---|-------------------------|---------|-------|----------|-----------|
| Articulation Courses (# of Credit Hrs ____) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Depth/Specialty Area (12-15 credit hours) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Supplementary Electives (6-9 credit hours) | | | | | |
| | | | | | |
| Advanced Math (3 credit hours) | | | | | |
| Responsible Conduct of Research (RCR) Training (if required) | | | | | |
| CGN 5935 Graduate Seminar (0 credit) | | | | | |
| CGN 5971 Thesis (6 credits) | | | | | |
| Total Number of Credit Hours | | | | | |

A complete Plan of Study includes:

- The Plan of Study form page 1 with Committee member signatures
Your Dept Grad Rep will acquire Dept Chair and Grad Coordinator Signatures
- The Proposed Course Work table page 2 reflecting all required hours for Graduation
- A one-page abstract of the proposed thesis topic

Date Submitted to Dept



Master of Science (M.S.) Degree Requirements Certification Form

Name, Student ID, FAMU/FSU/International/Domestic, Email, B.S. Major, B.S. Graduation Date, B.S. Institution, B.S. GPA

M.S. Degree Option Requirements

Table with 6 columns: Area, Course No., Course Title, Credits, Grade, Semester. Rows include Articulation Courses, Depth/Specialty Area, Supplementary Electives, Advanced Math, RCR Training, Graduate Seminar, Thesis, and Total Credit Hours.

Thesis Title _____

Defense Date _____ E-mail _____

Thesis Advisor _____ Signature _____ Date _____

Graduate Coordinator _____ Signature _____ Date _____

Department Chair _____ Signature _____ Date _____

The Certification Form should be submitted no later than at the beginning of the final semester Your Dept Grad Rep will acquire Dept Chair and Grad Coordinator Signatures



Request for M.S. Thesis Defense Examination Form

Name _____

Student ID _____

E-mail _____

FAMU

FSU

Requested defense date _____

Thesis title _____

Journal Title/Date
published: _____

Manuscript title _____

I certify that I have completed all requirements: completed research work, written a complete thesis, and satisfied the journal manuscript requirement.

Student Name (print)

Signature

Advisor/Committee Member 1 (print)

Signature

Committee Member 2 (print)

Signature

Committee Member 3 (print)

Signature

Optional Committee Member 4 (print)

Signature

Graduate Coordinator (print)

Signature

Department Chair (print)

Signature

The Request for Thesis Defense Form should be submitted at least 3 weeks before the defense date.

Your Dept Grad Rep will acquire Dept Chair and Grad Coordinator Signatures



M.S. Thesis Defense Outcome Form

Name _____

Student ID _____

E-mail _____

FAMU

FSU

Thesis title _____

Defense date _____

The overall outcome of the oral thesis defense and examination is:

Pass

Fail

To be Re-examined

Thesis Advisor & Committee Member 1:

Pass Fail
Re-examine

Name

Signature

Committee Member 2:

Pass Fail
Re-examine

Name

Signature

Committee Member 3:

Pass Fail
Re-examine

Name

Signature

Committee Member 4 (optional):

Pass Fail
Re-examine

Name

Signature

Graduate Coordinator Approval

Signature

Department Chair Approval

Signature

Date Submitted

*Your Defense Outcome form should be submitted immediately following your presentation
Your Dept Grad Rep will acquire Dept Chair and Grad Coordinator Signatures*