

*Print this form, complete in pencil, review with your Faculty advisor. It will be revised whenever a change is made.
Keep the original and submit a copy to Graduate Assistant for your student file.*

**INDIVIDUAL PROGRAM OF STUDY
Class of 2022**

Date: _____

Student Name: _____ Faculty Advisor: _____

Research Supervisornd(2year): _____

Area of concentration (check one)

Pathway to Complete Degree (check one)

Land Use & Real Estate Development _____

Course-based Only Option _____

Health & Social Planning _____

Report/Thesis Option _____

Environmental Services _____

Research Interest in Area of Concentration: _____

TERM # CREDIT UNITS

ELECTIVES –

For Secondyear of Study.
Choice according to option selected

	TERM #	CREDIT UNITS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Third Term Activity (put yes if completed)

SURP893 Internship (option, non-credit)

THESIS OPTION (SURP-

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