

**Michigan State University  
Office of the Registrar**

**Veterans Certification / Academic Program Plan**

Name \_\_\_\_\_

PID \_\_\_\_\_

Degree \_\_\_\_\_

Major \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

Date \_\_\_\_\_

**INSTRUCTIONS**

List all course work *required* for the degree program listed including those courses already completed. *Required prerequisites* may be included however, they must be identified as such. Reference courses, refresher courses, etc., that are beneficial to the student but that are not required SHOULD NOT be listed.

If specific courses are not required and/or a selection from a group of courses can be made, requirements can be listed by areas.  
\*\*Example: 8 credits from SOC 810, 811, 820, & 827 OR 10 credits for 800-900 level MATH courses

Any changes to this program must be approved your academic advisor and Associate Dean.

Completed program plans must be returned to the Office of the Registrar, Hannah Administration Building, 426 Auditorium Road, Room 150, East Lansing MI 48824-2603. Enrollment certification will not be submitted to the VA without an approved program plan.

Doctoral Dissertations Research Credits Required _____  Masters Thesis Research Credits Required _____	<i>For Registrar's Use Only</i> Research Credits Taken:
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Dept Code	Course Number	Credits	Check if Required Prerequisite	Enrolled Term	Dept Code	Course Number	Credits	Check if Required Prerequisite	Enrolled Term
					**Requirements by area (see instructions above)				

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Academic Advisor

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Associate Dean