**STUDENT INFORMATION**

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| **Student’s Name:** | **NAU ID:** |
| **E-mail Address:**       @nau.edu | **Phone Number:** |
| **Enrollment Term:**       (ex. Summer 2016) | **Expected Graduation:**       (ex. Spring 2019) |
| **Advisor:** | |
| **Total Required Credits for this Degree Program:** **30** | |
| **This is the:**  **Initial** (upon admission)  **Final** (submitted with Graduation Application) **Program of Study** | |

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| **\*** | | **Course No.** | **Course Title** | | **Replacement Course** | | **Semester** | | **Year** | | **Hours** | | **Grade** | | **T/E/P\*\*** | |
| 1. **Core Courses (15 units required)** | | | | | | | | | | | | | | | | |
| \* | | MOL 515 | Principles of Leadership | |  | |  | |  | |  | |  | |  | |
| \* | | MOL 555 | Diversity, Conflict, and Communication | |  | |  | |  | |  | |  | |  | |
| \* | | MOL 530 | Strategic Planning, Implementation, and Evaluation | |  | |  | |  | |  | |  | |  | |
| \* | | MOL 581 | Introduction to Project Management | |  | |  | |  | |  | |  | |  | |
| \* | | MOL 689 | Capstone Project | |  | |  | |  | |  | |  | |  | |
| 1. **Emphasis: Project Management (15 units required)** | | | | | | | | | | | | | | | | | |
| \* | PM 529 | | | Project Cost Estimating | |  | |  | |  | |  | |  | |  | |
| \* | PM 588 | | | Project Scheduling and Control | |  | |  | |  | |  | |  | |  | |
| \* | PM 683 | | | Project Strategies and Methodologies | |  | |  | |  | |  | |  | |  | |
| \* | PM 689 | | | Advanced Project Management | |  | |  | |  | |  | |  | |  | |
| **A. Elective (3 units required): Chosen in consultation with your advisor.** | | | | | | | | | | | | | | | | | |
| \* |  | | |  | |  | |  | |  | |  | |  | |  | |

Student’s Name:       NAU ID:

**ADDITIONAL INFORMATION**

In addition to all University and Graduate College policies, procedures, and requirements, graduate students must also adhere to the academic requirements, policies, procedures, and criteria outlined by their program’s Graduate Student Handbook.

**Students:**

You must secure official approval by your advisor and Department Chair/Director before submitting the final Program of Study.

By signing or entering your name below, you agree to the following statement:

*“Students are responsible for complete knowledge of Academic Catalog requirements in their degree plan for their catalog year and adhering to all policies in the Academic Catalog.”*

**Advisors and Chairs/Directors:**

Please indicate approval of the curriculum on the Program of Study by placing your signature (electronic signatures are permitted) in the space provided.

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| **Student:** | **Date:** |
| **Advisor:** | **Date:** |
| **Chair** (required for Final)**:** | **Date:** |

**\*\*Transfer/Equivalent/Previous Graduate Degree** – Must have Advisor approval

Transfer T = Course transferred from another university

Previous Graduate Degree P = Course taken at NAU from previous graduate degree

Equivalent E = Course taken at NAU in place of required course

Internal Transfer I = Graduate level course taken as undergraduate; Not applied to undergraduate degree

**Transfer Credit Example:**

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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P\*\*** |
|  | **ABC 123** | **Fundamentals of English** | **ASU 456** | **Fall** | **2012** | **3** | **A** | **T/ASU** |