

**Department of Chemistry and Biochemistry** 

Graduate Program PO Box 5698 Flagstaff, AZ 86011-5698 928-523-3008 928-523-8111 fax www.cefns.nau.edu/Academic/Chemistry/

## **Degree Completion Plan**

| Candidate's Name:   |                  |              | Date:                |
|---|------------------|--------------|----------------------|
|   |                  |              |                      |
| Coursework to be completed  |                  |              | Expected date        |
|   |                  |              |                      |
|   |                  |              |                      |
|   |                  |              |                      |
| Proficiency exams to be completed   |                  |              | Expected date        |
|   |                  |              |                      |
|   |                  |              |                      |
| Seminar credits to be completed   |                  |              | <b>Expected date</b> |
|   |                  |              |                      |
| Laboratory work to be completed (attach additional pages as necessary)              |                  |              | Expected date        |
|   |                  |              | •                    |
|   |                  |              |                      |
|   |                  |              |                      |
| Other (attach additional pages as necessary)  |                  |              |                      |
|   |                  |              |                      |
|   | _                |              |                      |
|   |                  |              |                      |
| I understand the requirements for the degree and agree to adhere to the above plan. |                  |              |                      |
| Student signature: Date:  |                  |              |                      |
| ~ · · · · · · · · · · · · · · · · · · ·   |                  |              |                      |
| Ammuovali   |                  |              |                      |
| Approval:   | Advisor          | Thesis Co    | mmittee              |
|   |                  |              |                      |
| -   | There Committee  | <b>Date:</b> |                      |
|   | Thesis Committee |              |                      |