

Northern Michigan University
Non Degree Graduate - Professional/Personal Development
Plan of Study

Name	IN#
Home Phone	Semester Admitted
Email	Current Date

Course I.D.	Course Title	Semester	Credits	Grade	Substitutions
Curriculum					
Total Credits					

I recommend that this program of study be approved. ()

 Graduate Program Director Date_

 Student Date

 Dean of Education Date_

 Dean of Graduate Studies Date