

NAME

DATE

E-MAIL

PHONE

ADDRESS

SU ID #

DEGREE

ANTICIPATED GRADUATION DATE

1. BASE COURSE (3 CREDITS)

TITLE

INSTRUCTOR

COURSE #

SEMESTER

2. SECONDARY BASE COURSE (3 CREDITS)

TITLE

INSTRUCTOR

COURSE #

SEMESTER

3. ELECTIVE COURSE (3 CREDITS)

TITLE

INSTRUCTOR

COURSE #

SEMESTER

4. PCR CAPSTONE PROJECT/INTERNSHIP (3 CREDITS)

COURSE #

SEMESTER

TOPIC/
LOCATION

APPROVAL (ADMINISTRATION ONLY)

DIRECTOR

DATE