

**Minnesota State University, Mankato**  
**Reading - Plan of Study**

Complete this form in consultation with your advisor and submit it to the Department of Elementary & Early Childhood Education at 328 Armstrong Hall. This form is for advising and planning purpose only.

Name: \_\_\_\_\_ Tech ID: \_\_\_\_\_

Degree:          Master of Science          Licensure          Major: \_\_\_\_\_

Intended Capstone Experience:          Thesis          Alternate Plan Paper          Creative Project

NOTE: If research for the Capstone Project involves human subjects, refer to the IRB Information at <http://grad.mnsu.edu/irb/> or at the College of Graduate Studies & Research, 115 Alumni Foundation Center.

Semester	Course Title	Credits	Comments
<b>Total Credits</b>			

\_\_\_\_\_ Student Signature          Date