



Study Plan

Name			
University / Institute			
UQU Email			
Commencement Date		Submission (Graduation) Date	
First Semester Courses	Course * No.	Course Title	Credit Hours
Second Semester Courses	Course No.	Course Title	Credit Hours
Third Semester Courses	Course No.	Course Title	Credit Hours
Fourth Semester Courses	Course No.	Course Title	Credit Hours
Fifth Semester Courses	Course No.	Course Title	Credit Hours
Sixth Semester Courses	Course No.	Course Title	Credit Hours

*Courses must be in the academic major or minor of the candidate whose grades (scores) appear on a transcript.

Academic Advisor Name:

UQU Chairperson Name:

Student's Name:

Signature:

Signature:

Signature:

Date:

Date:

Date: