

## STM Plan

Please complete and return this form to the Registrar's Office, with a copy to the Academic Dean's Office, by the fall deadline for registration.

Please consult with your advisor if you anticipate any difficulties or have any questions. You may also consult the Academic Dean.

Your Name: \_\_\_\_\_

Please check one of the following, filling in blanks where appropriate:

\_\_\_\_\_ I **do not** anticipate completing the STM degree by the end of the current academic year, and wish to be on the extended program; I anticipate completing the degree by \_\_\_\_\_.  
(Please keep in mind the four-year limit.)

\_\_\_\_\_ I **do** expect to complete the STM degree by the end of the current academic year.

\_\_\_\_\_ I have/will submit an EXTENDED PAPER

Course Number and Title: \_\_\_\_\_

Instructor's name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I have/will submit a THESIS One Term (3 credits) \_\_\_\_ Two Terms (6 credits) \_\_\_\_

Faculty Advisor's name \_\_\_\_\_

Second Reader's name \_\_\_\_\_

\_\_\_\_\_ I have/will submit a PROJECT REPORT One Term (3 credits) \_\_\_\_ Two Terms (6 credits) \_\_\_\_

Faculty Advisor's name \_\_\_\_\_

Second Reader's name \_\_\_\_\_