

EDUCATIONAL PLAN FOR GEV PROGRAM
NPS WORK SHEET

COMPLETE AND FORWARD TO:
Civilian Institutions Program Office
Naval Postgraduate School (Code 031A)
1588 Cunningham Road, Room 220E
Monterey, CA 93943-5143

INITIAL PLAN REVISED PLAN (Mark Substitution with *) FINAL PLAN

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|--|--------------------------|----------------------------|---|------|
| EDUCATIONAL INSTITUTION | | | ADVISORS SIGNATURE (Not require on final submission) | |
| CURRICULA PROGRAM NO. (See OPNAVNOTE 1520) | | SUBSPECIALTY CODE EXPECTED | ADVISORS TITLE | |
| DATE COMMENCED INSTRUCTION | | EXPECTED COMPLETION DATE | STUDENT SIGNATURE | DATE |
| DEGREE SOUGHT | STATE OF LEGAL RESIDENCE | SSN | PRESENT MAILING ADDRESS (Include Zip) | |
| RANK, NAME (Last, First, Middle Initial) | | | TELEPHONE (Include area code) | |
| | | | EMAIL: | |
| ADMINISTRATIVELY ASSIGNED TO: | | | NOTE CHANGE OF: | |
| | | | <input type="checkbox"/> RANK <input type="checkbox"/> ADDRESS <input type="checkbox"/> TELEPHONE NO. | |
| COLLEGE TERM | | | RESIDENCY STATUS | |
| <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER <input type="checkbox"/> TRIMESTER <input type="checkbox"/> YEAR | | | <input type="checkbox"/> NON-RESIDENT <input type="checkbox"/> RESIDENT | |
| For courses which satisfy degree requirements, indicate under "Requirements" as follows: (1) Required no substitution (2) Prerequisite (3) Elective (4) Extra or spare | | | | |

DATES FROM (Day, month, year)

TO

| REQUIREMENT | DEPT/COURSE NO. | COURSE TITLE | CREDIT HOURS | ESTIMATED COST |
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| <input type="checkbox"/> DISSERTATION <input type="checkbox"/> THESIS <input type="checkbox"/> MAJOR REPORT | TITLE | |
| THESIS RESEARCH DESCRIPTION <i>(If additional space is required, continue on reverse)</i> | | |
| NUMBER OF CREDIT LISTED IN THIS PLAN TOTAL | TRANSFER CREDIT ALLOWED FOR DEGREE | TOTAL CREDITS REQUIRED FOR DEGREE |
| DEGREE <input type="checkbox"/> AWARDED <input type="checkbox"/> TO BE AWARDED | OF | DATE |