MASTER’S PLAN II REPORT
This form must be completed by all Master’s students who are not completing a Master’s thesis.

First name: ______________________  Last name: ____________________________  BGSU ID:   _________________

Field of Study: _____________________________________ Planned Graduation Date: ____________________

Plan II Experience (select all that apply):

☐ Exam
☐ Project
☐ Music Portfolio/Exam (list committee members):

Recital (list date of recital):

☐ Class (include course subject and catalog number):

☐ Other (please describe):

Results:

Date: ______________________________  

☐ Passed  ☐ Failed

☐ First Attempt  ☐ Second Attempt*

*Note: A second attempt may or may not be allowed.

Graduate Coordinator:

Graduate Coordinator Signature Here

The signature of the graduate program coordinator indicates that appropriate policies and procedures have been followed, and the above results have been approved.

Graduate College:

Graduate College Signature Here

The approval of the Graduate College indicates receipt of the above results by the Graduate College.

Graduate College Notes