



**BOWLING GREEN STATE UNIVERSITY**  
Graduate College

**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: FIRST NAME Last name: LAST NAME BGSU ID: 123456789

Field of Study: FIELD OF STUDY Planned Graduation Date: December 2019

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): \_\_\_\_\_

Student fills out this section

**Results:**

**Date:** 12/12/12

- Passed       Failed
- First Attempt       Second Attempt\*

Graduate Coordinator fills out this section

Notes, if desired

Graduate Coordinator Comments

*\*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.*