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
Portfolio
Class* (include course subject and catalog number): ________________________________________
Other (please describe): _______________________________________________________________

*Note for graduate coordinators: if the class is still in progress, please wait to submit this form until the grade has been posted.
You can select “Finish Later” from the menu in the top right-hand corner.

Results:

Passed  Failed
First Attempt  Second Attempt**

Graduate Coordinator completes this section

**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 signature of the Graduate College indicates receipt of the above results by the Graduate College.