



GIAL Intended Plan of Study (AL)

(To be submitted before the last class day of the first bimester the student is enrolled as a graduate student)

Name (Last, First Middle) _____

Permanent Street Address _____

City, State ZIP _____

Phone Number _____

Master of Arts in Applied Linguistics

Degree Sought Graduate Major _____

Concentration _____

Expected Degree Completion Date _____

Degree Option:

Thesis option

Non-thesis option

Transfer Credit: Transfer credit will not be granted for course work done more than 10 years before initial enrollment in GIAL. In order to receive transfer credit you must submit a **Petition Form** with all the necessary signatures to the Dean of Academic Affairs. After transfer credit has been granted, list those courses below along with courses to be taken at GIAL toward your degree. No more than 15 semester hours of transfer credit will be granted toward a degree.

List only the courses required for your degree. Include transfer credit granted on your *Petition Form(s)*.

Date of <i>Catalog</i> when graduate program started: _____			
Graduate advisor : _____			
General Core (13 hrs)			Term & Year
AL5406 Field Methods
AL5207 Field Data Management.....		
AL5312 Discourse Analysis
LD5151 Cross-Cultural Teaching Seminar
semantics: AL5314 Culture, Language and Mind OR			
AL5315 Semantics and Pragmatics.....		
Common Courses for Declared Concentration			
<u>Translation</u>	<u>Desc. Linguistics</u>	<u>Cross-cult. Service</u>	
sem2	AL5304 Applied Phono	LD5373 Rel & Wrldvw.....
lang1	AL5313 Adv Gram Anal	LD5374 Christ. X Cult
lang2.....	AL5395 Issues in D.L	lang1.....
exe.	adv ling1.....	lang2.....
AL5316 Translation	adv ling2.....	miss1
		miss2
		Bib study
Electives (plus at least 6 hrs of Thesis, if applicable)			
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Signature of Supervising Committee Head _____	Date _____	Signature of 2 nd Supervising Committee Member _____	Date _____
Signature of 3 rd Supervising Committee Member _____	Date _____	(Signature of 4 th Supervising Committee Member _____)	Date _____

Authorization of Study Plan

Signature of Student _____

Date _____

Signature of Graduate Adviser _____

Date _____

Signature of Department Head _____

Date _____

Signature of Dean of Academic Affairs _____

Date _____

