

1-Year MILR Degree Plan

Student Name: _____ **Student ID#:** _____ **Net ID:** _____

The purpose of this document is to provide the Director of Graduate Studies verification that you have met all the requirements for the Masters in Industrial and Labor Relations degree. Use this form as a guide when planning your courses. It must be completed, signed, and turned in to the ILR Graduate Office after you have registered for your final semester of courses. Students in the 1-Year MILR program must:

1. Take a minimum of 30 Credits; complete a minimum of 2 full-time semesters in the MILR program
2. Complete the 6 required MILR core courses or substitute acceptable courses if a core course waiver is approved
3. Take 4 concentration courses (with advisors approval)
4. Take as many relevant and appropriate electives as needed to fulfill the 30 credit requirement.

All courses taken toward fulfillment of the MILR degree requirements must be **courses at the 5000 level or above, and taken for a letter grade;** S/U grade option courses and grades below "C" do not count toward MILR degree requirements. Students must petition the Director of Graduate Studies for any policy exceptions prior to taking the course in question.

| REQUIRED CORE COURSES | Course Number | Course Title | Credits | Semester Taken | Grade |
|-----------------------|---------------|---|---------|----------------|-------|
| | ILRHR 5600 | Human Resource Management | | | |
| | ILRLR 5000 | Labor Relations | | | |
| | ILRLR 5010 | Labor and Employment Law | | | |
| | ILRLE 5400 | Labor Economics | | | |
| | ILRST 5110 | Statistical Methods for the Social Sciences | | | |
| | ILROB 5200 | Organizational Behavior | | | |

MILR Concentration: _____

Concentration courses are any courses relevant to your concentration which your advisor approves:

| CONCENTRATION COURSES | Course Number | Course Title | Credits | Semester Taken | Grade | |
|-----------------------|---------------|--------------|---------|----------------|-------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| ELECTIVE COURSES | Course Number | Course Title | Credits | Semester Taken | Grade | |
|------------------|---------------|--------------|---------|----------------|-------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Credits: _____ **Expected Graduation Date (mm/yyyy):** _____

Advisor (*Needed final semester*): _____

Print Name
Signature
Date

Student: _____

Signature
Date

Program Coordinator: _____

Signature
Date