

GRADUATE DEGREE PLAN
COLLEGE OF LIBERAL ARTS & SCIENCES

STUDENT _____ SOCIAL SECURITY NUMBER _____
 ADDRESS _____ MAJOR _____
 PHONE _____

ENTER GRADE IF THE COURSE IS COMPLETED; INDICATE TRANSFER CREDIT AFTER GRADE WITH "T." RETURN THE COMPLETED DEGREE PLAN TO THE STUDENT RECORDS OFFICE.

<u>SEMESTER AND YEAR</u>	<u>COURSE NUMBER</u>	<u>COURSE TITLE</u>	<u>CREDIT</u>	<u>GRADE</u>
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UNDERGRADUATE DEFICIENCY (IF ANY)

 STUDENT _____ DATE _____

ADVISORY COMMITTEE

 CHAIRPERSON _____ DATE _____

 MEMBER _____ DATE _____

 MEMBER _____ DATE _____

 MEMBER _____ DATE _____

THESIS _____ NON-THESIS _____

EXAMINATIONS REQUIRED _____

CATALOG YEAR _____

 GRADUATE COORDINATOR _____ DATE _____

 COLLEGE DEAN _____ DATE _____

 GRADUATE DEAN _____ DATE _____