

**GRADUATE DEGREE PLAN  
COLLEGE OF LIBERAL ARTS & SCIENCES**

STUDENT: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MAJOR: \_\_\_\_\_  
 \_\_\_\_\_

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 DEFICIENCIES (IF ANY)

\_\_\_\_\_  
STUDENT DATE

\_\_\_\_\_  
CHAIRPERSON DATE

\_\_\_\_\_  
MEMBER DATE

\_\_\_\_\_  
MEMBER DATE

\_\_\_\_\_  
MEMBER DATE

EXAMINATIONS REQUIRED \_\_\_\_\_  
 \_\_\_\_\_

CATALOG UNDER WHICH DEGREE  
PLAN HAS BEEN PREPARED \_\_\_\_\_

\_\_\_\_\_  
GRADUATE COORDINATOR DATE

\_\_\_\_\_  
COLLEGE DEAN DATE

\_\_\_\_\_  
GRADUATE DEAN DATE