Graduate School
PRAIRIE VIEW A&M UNIVERSITY

# GRADUATE DEGREE PLAN

Degree plans should be updated with the graduate faculty advisor each semester to ensure adequate progress towards degree attainment.

Student Name: Student ID:

Current Address:

Email: Phone:

Degree: Program:

Department: College:

I submit the following graduate courses to be completed in my major field:

| Year | Term | Institution | Course Prefix, Number & Title* | Grade | Credit | Credit Type** |
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| **Total Credits** | | | | | | |

* Please indicate any course substitutions and attach, if applicable:

** Please designate credit as elective (E), required (R), or concentration (C)

## Approvals:

Advisor/Coordinator: Signature & Date:

Department Head: Signature & Date:

Academic Dean: Signature & Date:

Graduate School Dean: Signature & Date: