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 that have been completed and those that are to be completed in my major field:

Year	Term	Institution	Course Prefix, Number & Title*	Grade	Credit	Credit Type**
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: