



## 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** |
|------|------|-------------|--------------------------------|-------|--------|---------------|
|      |      |             |                                |       |        |               |
|      |      |             |                                |       |        |               |
|      |      |             |                                |       |        |               |
|      |      |             |                                |       |        |               |
|      |      |             |                                |       |        |               |
|      |      |             |                                |       |        |               |
|      |      |             |                                |       |        |               |
|      |      |             |                                |       |        |               |
|      |      |             |                                |       |        |               |
|      |      |             |                                |       |        |               |
|      |      |             |                                |       |        |               |
|      |      |             |                                |       |        |               |
|      |      |             |                                |       |        |               |
|      |      |             |                                |       |        |               |

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

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

### Approvals:

Advisor/Coordinator:

Signature & Date:

Department Head:

Signature & Date:

Academic Dean:

Signature & Date:

Graduate School Dean:

Signature & Date: