

Stephen F. Austin State University  
James I. Perkins College of Education  
**Request for Degree Plan**

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
*First Name* *Last Name*

**Student ID #:** \_\_\_\_\_

**SFA Email Address:** \_\_\_\_\_

Local Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Have Transfer Hours?**  **Yes**  **No**

**Will you get a teaching certificate?**  **Yes**  **No**

**If yes, which certificate?** \_\_\_\_\_  
As in: EC-4, EC-6, 4-8\*

**In an ONLINE completer program?**  **Yes**  **No**

**Major\*:** \_\_\_\_\_

**Concentration:** \_\_\_\_\_

**Second Major:** \_\_\_\_\_

**Minor(s):** \_\_\_\_\_

*\*4-8 Elementary (Interdisciplinary Studies) majors please specify content area for "Major"*

When complete, please send to:  
Student Services and Advising  
Physical drop-off location: McKibben 118  
Email: coestudentservices@sfasu.edu  
Fax: 936-468-1577

<b>Internal Use Only:</b> Catalog Term _____
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