

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

Core Complete: Yes No

Internal Use Only:

Catalog Term _____