

GRADUATE DEGREE PLAN



Student Name: _____
Campus ID (CID): _____
Candidate Degree for: _____
Major/Program: _____

Date: _____
Catalog: _____
Total Hours for Degree: _____

***Transfer Courses not to exceed 12 hours. Courses included must be taken within 6 years of graduation date.**
List courses required to be completed for the degree. **The distribution of courses must comply with the requirements of the Graduate Bulletin under which the student intends to graduate.** Any desired changes to a degree plan, which deviate from approved curriculum, must be pre-approved and include a "course substitution" form.

This form will be submitted to the Academic Unit Head and, after approval, will be emailed to coegrad@sfasu.edu for review and approval by the College of Education Graduate Studies Coordinator and Dean. After final approval, the student will receive a final copy of their degree plan.

CORE COURSES

CORE RESEARCH

CONC/ELECTIVES

Course #	Course Title	CH	Grade	Course #	Course Title	CH	Grade	Course #	Course Title	CH	Grade

Notes:

***Student is responsible to submit a Graduation Application by required deadline. Degree will not be conferred without application.**

REQUIRED APPROVALS:

Program Coordinator **Date**

Graduate Student (optional) **Date**

Academic Unit Head **Date**

PCOE Graduate Studies Coordinator **Date**

Dean **Date**