



DEGREE PLAN

Graduate School
Texas Southern University

Date: _____

Name (print) _____
(Last) (First) (Middle)

Home Address _____
(Street) (City) (State) (Zip Code)

Local Address _____
(Street) (City) (State) (Zip Code)

Telephone _____ T# _____ Major _____

Degree desired _____ Date of Catalog used in preparing plan _____

COURSES TO BE TAKEN

A. UNDERGRADUATE DEFICIENCIES

Table with 6 columns: Dept., Course No., Grade, Dept., Course No., Grade. Includes a 'None' entry in the first row.

B. GRADUATE COURSE REQUIREMENTS

Number of hours required in Core Courses _____. Number of hours required in other Major Courses _____.

Total Number of Hours Required for Completion of Degree _____.

1. Core Courses (required)

Table with 6 columns: Dept., Course No., Grade, Dept., Course No., Grade.

2. Electives

Number of hours to be taken in Elective Courses _____.

Table with 6 columns: Dept., Course No., Grade, Dept., Course No., Grade.

C. MINOR COURSES

Number of hours required in Minor Courses _____.

Dept.	Course No.	Grade	Dept.	Course No.	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

D. RESULTS OF EXAMINATIONS (Include Date Taken and Results)

English Requirement () Analytical Writing Score _____ GRE Date _____
 () Analytical Writing Score _____ GMAT Date _____
 () English 501 _____ Date _____

Foreign Language (if required) _____ Date _____

Qualifying (if required) _____ Date _____

Comprehensive (if required) _____ Date _____

E. OTHER REQUIREMENTS (Indicate Date Met)

Removed Conditional Status (if necessary) _____ Date _____

Recommended for Candidacy _____ Date _____

F. THESIS REQUIRED () YES () NO

G. ALL DEGREE REQUIREMENTS MUST BE COMPLETED AND STUDENT MUST APPLY FOR GRADUATION BY _____

Semester/Year

I agree to fulfill the requirements for the master's degree stated in this degree plan.

_____ (Student Signature) _____ T# _____ (Date)

DEGREE PLAN APPROVED BY (signature):

Program Advisor / Academic Advisor _____ (Date)

Program Coordinator / Dept Chair _____ (Date)

Dean, College/School _____ (Date)

Dean, Graduate School _____ (Date)