



DEGREE PLAN

Handwritten Documents will Not be Accepted

K ID Number

RESEARCH AND GRADUATE STUDIES

Initial Degree Plan (only 2 signatures required: Grad. Coord. & Chair of Dept.)

Degree Option

Final Degree Plan (copy of most recent transcript must be attached)

Date:

Name (Print)
(First Name) (M.I.) (Last Name)

Telephone No.: Email:

TEST SCORES: GRE: V /Q Analytical Undergraduate GPA:

GMAT:V/Q MAT

Degree Major: Minor(s):

Major					Supporting Field(s)/Resources				
Sem/Yr	Prefix	Course #	Title	Grade Hrs	Sem/Yr	Prefix	Course #	Title	Grade Hrs

Stem Work					Free Electives				
Sem/Yr	Prefix	Course #	Title	Grade Hrs	Sem/Yr	Prefix	Course #	Title	Grade Hrs

Signatures of Committee Members (Must be on Graduate Faculty):

Student's Signature: _____

Committee Chairperson: (print name) _____ Signature _____ Date _____

Committee Member Major Area: (print name) _____ Signature _____ Date _____

Committee Member Supporting Field: (print name) _____ Signature _____ Date _____

Committee Member Supporting Field: (print name) _____ Signature _____ Date _____

Graduate Coordinator: (print name) _____ Signature _____ Date _____

Chair of Department: (print name) _____ Signature _____ Date _____



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Notes:

The student must file a signed initial degree plan with the department through the graduate coordinator/adviser, on or before the second semester of graduate course work.

A final degree plan must be submitted to Graduate Studies when the student files for candidacy. A copy of the signed final degree plan with any revisions must also be forwarded to the graduate dean at the time of candidacy.

Course Longevity:

*Master's: 7 years

*Doctoral: 10 years

A nationally standardized exam score must be satisfactorily completed and filed in the Office of Graduate Studies during the first semester of enrollment.

If changes or substitutions are made, an updated degree plan must be submitted to the department and the Graduate Office. It is the student's responsibility to read, review and follow policies in the Graduate Catalog.

Student Name:

Student's Signature: _____

K Number:

Date: