



Texas Southern University
Graduate School

DEGREE PLAN

Date: _____

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

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

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

Telephone _____ T# _____ Major _____

Email _____

Degree desired _____ Date of Catalog used in preparing plan _____

COURSES TO BE TAKEN

A. UNDERGRADUATE DEFICIENCIES

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

B. GRADUATE COURSE REQUIREMENTS

of hours required in Core Courses _____ # of hours required in other Major Courses _____

Total Number of Hours Required for Completion of Degree _____

1. Core Courses (required)

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

2. Electives

Number of hours to be taken in Elective Courses _____

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 _____

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. DISSERTATION 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 Doctoral Degree as 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 _____