



Graduate Degree Plan/Committee Formation Form

Date: _____ *Initial Plan* *Revised Plan*

Student Name: _____ Student ID#: _____

Catalog Year: _____ Degree: _____ Major: _____

Concentration (if applicable): _____ Thesis/Dissertation

Certificate (if applicable): 1.

Certificate (if applicable): 2.

Certificate (if applicable): 3.

Please note – All course substitutions must be approved with a Graduate Course Substitution Form.

The below signatures certify that this student filed a degree plan on the date under the catalog term above and is recommended for admission to the above named program. In order to be eligible for graduation, the student also understands it is his/her responsibility to fulfill these and other requirements in the catalog.

 Student Date

 Academic Advisor/Committee Chair Date

 Committee Member Date

 Committee Member Date

 Department Head Date

 Graduate Dean Date

Submit this form to the College of Graduate Studies (T-0350) or grad-docs@tarleton.edu.

For COGS Use Only	
Initials _____	Date Received _____