



Graduate Degree Plan/Committee Formation

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

 Committee Member Date

 Head of Major Department 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 _____
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