



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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

