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Master of _____ in _____
Degree Plan (xx Hours Required)
Department Name
College/School Name

Student name:	Student ID:
Telephone:	Start date:
E-mail Address:	Expected graduation date:
Advisor:	Capstone or Thesis:
Comprehensive Exam Pass Date:	

Courses	Course Titles	Semester	Credit	Grade
Required Prerequisites (not included in total hours)				
ABCD 1234	Sample Course Title	Fall 20xx	3	A
Required Coursework (xx hours)				
ABCD 1234	Sample Course Title	Fall 20xx	3	
Elective Coursework (xx hours)				
Completion Options (xx hours)				
	Capstone			
	Thesis			
Total Hours				

Notes:

Student Signature:
Date:

Advisor Signature:
Date:

Program Coordinator/Director Signature:
Date:



UTTyler GRADUATE
SCHOOL

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Program Name Course Elective List

ABCD 1234 Sample Course Title. Semester normally offered.

ABCD 5678 Sample Course Title. Semester normally offered.

ABCD 9012 Sample Course Title. Semester normally offered.