Graduate Degree Plan Revision Checklist

Major: _____

Effective Catalog Term: ______  □ No Changes for this year

☐ Copy of Current Degree Plan

☐ Copy of Proposed Degree Plan with designated changes (include effective year)

☐ Summary and Justification of Changes Made

MEETS THE FOLLOWING REQUIREMENTS:

☐ 30 to 36 semester credit hours

☐ Comprehensive Exam

☐ Statement of time limitations for graduate coursework (“Coursework over 6 years old but less than 10 will count as half credit if advisor approves. Coursework over 10 years old cannot be used”)

APPROVAL: Must include all signatures prior to submission. If this is a COMMON DEGREE PLAN, both department chair/curriculum council chair signatures are required. The Provosts signature is the final approval.

______________________________  ________________
DEPARTMENT CHAIR  DATE

______________________________  ________________
DEPARTMENT CHAIR  DATE

______________________________  ________________
DEAN  DATE

______________________________  ________________
DEAN OF GRADUATE STUDIES  DATE

______________________________  ________________
CURRICULUM COUNCIL CHAIR  DATE

______________________________  ________________
CURRICULUM COUNCIL CHAIR  DATE

______________________________  ________________
PROVOST  DATE

*Send copy of approved documents to Registrar.

Degree plan change deadlines will be the same as the curriculum change deadlines on the Academic Calendar.