



GRADUATE SCHOOL

Mike Loya Academic Services Building, Room 223
 The University of Texas at El Paso
 500 W. University Avenue El Paso, Texas 79968
 (915) 747-5491 Fax (915) 747-5788
 graduate.utep.edu

GRADUATION FINAL DEGREE PLAN

You are required to submit this form to Graduate School when you apply for graduation. To accommodate for more courses, you may submit more than one form.

Name: _____ UTEP Student ID: _____ Current Date: ____/____/____

Graduation Term: _____ Type of Degree Plan: _____ Email: _____

Major & Degree: _____ Concentration: _____

Title of Thesis, dissertation, etc: _____

_____ Scheduled Defense Date: _____

COMMITTEE NAME	COMMITTEE NAME
CHAIR	CO-CHAIR
MEMBER	MEMBER
MEMBER	MEMBER
MEMBER	MEMBER

Only include Courses that Apply Towards Degree Requirements Transfer credit must be approved by the Graduate School before including it in this form.

SUBJECT	COURSE	GRADE	CREDIT HOURS	TERM	*SUBSTITUTION/TRANSFER CREDIT	UTEP COURSE EQUIVALENCE
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
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					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	

TOTAL HOURS REQUIRED OF THE DEGREE _____

Student Signature: _____ Graduate Advisor Signature: _____

College Dean Signature: _____ Graduate School Signature: _____