

This Form **Must** Be Typed

Southeastern Louisiana University
Graduate Degree Plan

Name: _____ Southeastern ID#: W _____
 (Last/First/Middle)

Degree: _____ Major: _____

Number of Hours Required for degree: _____

Required hours completed at Southeastern: _____ Required hours transferred from elsewhere: _____
 Number of hours: _____ Number of hours: _____
 Percent of hours required for degree: _____ Percent of hours required for degree: _____

NO MORE THAN ONE-THIRD OF THE HOURS REQUIRED FOR THE DEGREE MAY BE TRANSFERRED. For collaborative programs (Master of Science in Nursing and the Ed.D. in Educational Leadership) and academic partnerships (Doctor of Nursing Practice) with other universities, at least one-third of the credit hours required for graduation must be earned through instruction offered by Southeastern.

COURSE PREFIX & NUMBER	COURSE TITLE	SEMESTER	GRADE	CREDIT HOURS	QUALITY POINTS	UNIVERSITY
(For continuation please use second page)						

Thesis Master's or Doctorate Signatures:

 Major Professor Date

 Committee Member Date

 Committee Member Date

 Student Date

 Committee Member Date

 Committee Member Date

 Committee Member Date

Graduate Coordinator Date

Southeastern Louisiana University
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