SOUTHEASTERN LOUISIANA UNIVERSITY

GRADUATE DEGREE PLAN

Name: _____ Southeastern ID: W_____

Degree: _____ Major: _____

Number of hours required for degree: _____ Catalog Year: _____

Required hours completed at Southeastern

Number of hours: _____

% of hours required for degree: _____

Required hours transferred from elsewhere

Number of hours: _____

% 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

(To add additional courses, please submit another page)

_____ _____

Major Advisor/Graduate Coordinator signature Date

_____ _____

Student signature Date