

Doctoral Degree Plan Form

Student R#:	Full legal name:		Date:		
Mailing street address:			Zip Code:		
Degree sought (PhD, ED		Expected Grad			
Major:		Minor (if decla			
Concentration:					
Previous Degree(s)		stitution		Year Awarded	
Dissertation Committee	2:				
Doctoral Committee Ch	air:				
Dissertation Title:					
		Coursework to be attributed to the student's degree credit hours, such as 6000, 7000, 800			ber, and the crea
Maj	or and Minor Coursework	Leveling or (if require		Transfer Course	TTU Equivale
equests in an organized way.	Please indicate AT LEAST th	via the Transfer Coursework Request F e TTU course equivalents that will be t program. Grades below a B or taken	ransferred for this stu	dent. Note: No more than	6 hours may be
signature of Graduate Advisor	r for the Major Department	Signature of	f Graduate Advisor for	the Minor Department (if d	eclared)
			Date		_
Graduate Dean					
Graduate Dean Approve	d	Conditional Approval		Not Approve	ed

Please submit this document to the Graduate School Enrollment Services Sharepoint portal or to the Sharepoint contact of your department for processing.

For additional information or assistance, please contact the graduate school at: <u>em_gradschool@ttu.edu</u> or (806) 742-2787