

Graduation Timeline

Student Name: _____

R# _____

**Only complete task fields that are applicable to student's degree requirements.*

| Task | Term: _____ | Term: _____ | Term: _____ |
|--|--------------------|--------------------|--------------------|
| Course Requirement(s) | | | |
| Readings/Data Collection/Analysis | | | |
| Workshops/Projects | | | |
| Defense | | | |
| Other | | | |

Expected Graduation Date: _____

Student Signature

Chair/Program Advisor Signature

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:

em_gradschool@ttu.edu or (806) 742-2787