

Undergraduate Degree Plan Verification

Student Name _____ Student ID: _____

PLEASE PRINT CLEARLY

Permanent Address (INCLUDE CITY/ST/ZIP) _____

TWU Semester Start Date _____ TWU Catalog Year _____

To be completed by Advisor

Anticipated Graduation Date Dec ___ May ___ Aug ___ Year _____

Degree _____ Major _____ Program Emphasis/Track (if applicable) _____

(BA, BBA, BFA, BGS, BS, BSW)

(Do **not** include concentrations in your majors)

Concentration Areas: _____

2nd Major (if applicable) _____

Minor(s) (if applicable) _____ (Send minor form(s) to the Registrar's Office)

Core Complete at another school? YES ___ NO ___

Name of School _____

(Core Complete **must be posted** on the TWU transcript in order for credit to be given)

Are you a Post Bac student? YES ___ NO ___

By signing this form, the student and advisor acknowledge the terms and requirements needed to complete the degree requirements, as reflected in the degree plan evaluation. The student and advisor agree that the unfulfilled requirements on the degree plan evaluation must be completed **by the graduation date**. If requirements are not met, the student will be responsible for reapplying for graduation and paying the appropriate fee. All substitution forms and waivers must be submitted to the Registrar's Office by the census day of the semester of graduation.

Student Signature _____ Date _____

Major (1) Advisor signature _____ Date _____

Major (2) Advisor signature _____ Date _____

Minor Advisor signature _____ Date _____

Certification Officer (COPE only) signature _____ Date _____

Filed in **Student's Major Department** by _____ Date _____

Date Sent to Registrar's Office _____

Received Date