

## Undergraduate Degree Plan Verification

Student Name \_\_\_\_\_ Student ID: \_\_\_\_\_

PLEASE PRINT CLEARLY

Permanent Address (INCLUDE CITY/ST/ZIP) \_\_\_\_\_

TWU Catalog Year \_\_\_\_\_ Anticipated Graduation Date **Dec** \_\_\_ **May** \_\_\_ **Aug** \_\_\_ Year \_\_\_\_\_

To be completed by Advisor

Degree \_\_\_\_\_ Major \_\_\_\_\_ Program Emphasis/Track (if applicable) \_\_\_\_\_  
(BA, BBA, BFA, BGS, BS, BSW) (Do **not** include concentrations in your majors)

Concentration Areas: \_\_\_\_\_

2<sup>nd</sup> 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 \_\_\_\_\_

\*If digitally signed, this form must be submitted to advisor via students TWU e-mail.

Major (1) Advisor signature \_\_\_\_\_ Date \_\_\_\_\_

\*In order to be processed when digitally signed, this form must be submitted to the Registrar's Office via the advisor's TWU e-mail.

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