This Form **Must** Be Typed

Southeastern Louisiana University
Graduate Degree Plan

Name: _____ Southeastern ID#: W _____
(Last/First/Middle)

Degree: _____ Major: _____

Number of Hours Required for degree: _____ Catalog Year: _____

Required hours completed at Southeastern:
Number of hours: _____
Percent of hours required for degree: _____

Required hours transferred from elsewhere:
Number of hours: _____
Percent 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
	(For continuation please use second page)					

Non-Thesis Master's Signatures:

Major Advisor Date Student Date

Graduate Coordinator Date *Rev. 6/19*

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