EASTERN NEW MEXICO UNIVERSITY
www.enmu.edu

Graduate Degree Plan

Department of Communicative Arts and Sciences

Student name: _____ **E-mail:** _____

SSN: _____ **Student ID:** _____ **Phone:** _____

Address: _____
Address City State ZIP

Enter grade if the course is completed; indicate transfer credit after grade with "T." Return the completed degree plan to the Graduate School office.

Semester and Year	Course Number	Course Title	Credit Hours	Grade

Undergraduate deficiencies (if any):

Signatures

_____
Student Date

_____
Advisory committee chair Date

_____
Member Date

_____
Member Date

_____
Member Date

☐ Thesis ☑ Nonthesis
Written or comprehensive exam required

_____
Catalog year degree plan filed

_____
Graduate coordinator Date

_____
Graduate dean Date