

**COLLEGE OF SCIENCE & ENGINEERING
REQUEST FOR DEGREE PLAN**

(Key an "X" to the right of your selections.)

Is this your first request for a degree plan? Yes ___ No ___ TCU ID# _____

Last Name First Name Middle Maiden

Local Address or TCU Box # City State Zip

TCU Email _____ Phone _____

Check one: UCR ___ TCU CC ___ Pre-Med: Yes ___ No ___

Semester & Year entered TCU: _____

Double Degree (30 hours more than the first degree): Yes ___ No ___

Have you attended other colleges? Yes ___ No ___

Names of colleges:

Major I _____ BA ___ BS ___

*** B.S. in Psychology requires a minor. If BGS, emphasis: _____

Minor(s) _____

Major II _____ BA ___ BS ___

Please indicate the name and email address of anyone other than yourself and your advisor who should receive a copy of your degree plan: _____

Student signature: _____ Date: _____

For Office Use: S&E All Files Grad List
Approved degree plan sent to: Student _____ Other _____ Original:
Advisor _____ Date _____ Dean's File _____