

STEPHEN F. AUSTIN STATE UNIVERSITY
GRADUATE SCHOOL
M.I.S. DEGREE PLAN

The advisors, in consultation with the student, will complete this form. This form will be submitted to the Graduate Dean for approval. A copy will then be sent to each advisor, the student, and the registrar's office.

STUDENT'S NAME _____

STUDENT'S ID # _____

List courses proposed to be completed for the degree. The distribution of courses must comply with the requirements of the Graduate Bulletin under which the student intends to graduate.

| Academic Area | Course Number and Title | Credit Hrs | Completed | | Academic area Advisor |
|---------------|-------------------------|------------|-----------|-------------|-----------------------|
| | | | Where* | Term/Year** | |
| I. | | | | | |
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| II. | | | | | |
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| III. | | | | | |
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| IV. | | | | | |
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If there are more than four academic areas, use a second copy of this form to continue.

*SFASU course or Transfer courses (not to exceed 12 hours). **Must be within 6 years of graduation date

Signature of Advisor in academic area I. _____

Signature of Advisor in academic area II. _____

Signature of Advisor in academic area III. _____

Signature of Advisor in academic area IV. _____

Signature of Program Director/Graduate Dean _____ Date _____