

Graduate School

GRADUATE DEGREE PLAN

Degree Code GR-PHD-MPHD

CIP:511505



NAME: _____
Last First Middle/Maiden

DEGREE SOUGHT: Ph.D. **Catalog Year:** 2022-2023

ADDRESS: _____

GRADUATE MAJOR: Marriage & Family Therapy

CONCENTRATION: _____

CWID: _____

SEMESTER/TERM AND YEAR OF FIRST ENROLLMENT IN ULM GRADUATE SCHOOL: _____

UNDERGRADUATE DEFICIENCIES	GRADUATE PROGRAM List course information for major area:																																																																																												
Major Area of Study: _____	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;">COURSE</th> <th style="width: 15%;">SEMESTER HRS</th> <th style="width: 35%;">SEMESTER OFFERED</th> <th style="width: 20%;">NOTES</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	COURSE	SEMESTER HRS	SEMESTER OFFERED	NOTES																																																																																								
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Undergraduate deficiencies to be removed: (List course and semester hours) _____ _____ _____ _____ _____ _____ _____ _____ _____																																																																																													
TOTAL SEMESTER HRS: _____ _____																																																																																													

TRANSFER CREDIT List all credit to be transferred to graduate program (Courses must be shown as they appear on the official transcript. List course and number, semester hours, institution, semester/quarter and year course taken, and grade received.)

Comprehensive Exam Passed **YES/NO** **Date:** _____

Approved:

_____	Signature	Date	_____	Signature	Date
Committee Member			Major Professor		
_____	Signature	Date	Dr. David Hale	Signature	Date
Committee Member			Graduate Program Coordinator	Signature	Date
_____	Signature	Date	Dr. Sushma Krishnamurthy	Signature	Date
Committee Member			Dean, Graduate School	Signature	Date